UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/P/L.14
1 February 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Islamic Republic of Iran

The Executive Director recommends that the Executive Board approve the country programme of the Islamic Republic of Iran for the period 1993-1997 in the amount of $6 million from general resources, subject to the availability of funds, and $2.5 million in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1989-1992	4
RECOMMENDED PROGRAMME COOPERATION, 1993-1997	6

List of tables

1.	Basic statistics on children and women	12
2.	Expenditure under previous cooperation period, 1991-1995	14
3.	Planned expenditure, 1993-1997	15
4.	Linkage of programme budget and staffing/staff costs	16
Annex.	List of studies and evaluations	17

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The population of the Islamic Republic of Iran was estimated at 57.8 million by the 1991 census, with 56 per cent living in urban areas. The population is relatively young; 45 per cent are under 15 years of age and only 3 per cent are over 65 years old. Rapid population growth is probably the most pressing development issue facing the country today. With an average annual population growth rate between 1986 and 1991 of 3.2 per cent per year, the Islamic Republic of Iran has one of the fastest population growth rates in the world. The growth rate in urban areas is approximately twice that of rural areas. The total fertility rate in the country declined from 6.5 in 1980 to 6.1 in 1991, but still remains high.

2. The demographic pressure has been exacerbated by the more than 4.5 million refugees who have entered the Islamic Republic of Iran during the last decade. The country's efforts to meet the needs of refugees have won widespread appreciation, although the number of refugees has put a heavy burden on the country. Most of the estimated 3 million refugees who have come from Afghanistan since 1979 are still in the country.

3. During the last few years, the economy was characterized by rapid inflation and declining real income. Retail prices for basic items more than tripled between 1982 and 1989, while per capita gross national product declined from $3,200 to $2,320. The distribution of wealth is uneven. A prolonged and costly war with neighbouring Iraq monopolized the country's energy and resources throughout much of the 1980s. The human cost of the war was enormous, with several hundred thousand deaths and many more people disabled, widowed and orphaned, who are now supported by the country at great cost.

4. Several recent natural disasters have placed a further strain on the country's resources and social services. Thus far this century, the country has experienced more than 41 earthquakes, which have registered at a level of severity of over five on the Richter scale. The earthquake in June 1990 resulted in more than 40,000 deaths, the complete destruction of three towns and severe damage to more than 1,600 villages. Frequent floods, such as the one experienced in northern Tehran in the summer of 1987 and in the south-east regions of the country in 1989 and 1991, have also led to great loss of life and widespread destruction.

5. The primary health care (PHC) network in the Islamic Republic of Iran is composed of a multi-level system of fixed health facilities, the base of which is the rural health house. About 30 per cent of the total population are not yet covered by the PHC network, although some receive preventive health services through mobile teams. Coverage is lowest in the provinces of Sistan, Baluchestan, Khouzestan, Hormozgan and Khorassan. The PHC network covers approximately 60 per cent of urban areas; however, this figure excludes the private sector, which plays a major role in urban health care delivery. The Islamic Republic of Iran has witnessed a substantial decline in infant and child mortality in the last decade. The infant mortality rate (IMR) fell from 87 per 1,000 live births in 1980 to 47 per 1,000 live births in 1991, while the under-five mortality rate (U5MR) fell in the same period from 126 to 62 per 1,000 live births. Behind the low national mortality rates, however,

lie significant regional, rural/urban and intra-urban disparities. The rates in four provinces are at least 50 per cent higher than national averages. Rates in the rapidly growing peri-urban areas of major cities are also thought to be substantially higher, although limited statistical evidence is available. Acute respiratory infections (ARI), malnutrition, diarrhoeal diseases and low birth weights continue to be the major contributing factors to infant and child mortality in the country. Gender disparities in IMR and U5MR are no longer significant.

6. ARI and related complications are the number one killers of children under five years of age in the Islamic Republic of Iran. The 1991 comprehensive national health survey revealed that ARI-related deaths accounted for 19 per cent of total U5MR in the country. ARI morbidity and mortality were found to be particularly serious problems in the cold, mountainous regions.

7. The incidence of diarrhoeal diseases has fallen considerably since the mid-1980s and now constitutes 17 per cent of total U5MR, thus becoming the second largest cause of death for children under five years of age. Diarrhoeal diseases still remain the major problem in warmer and more humid regions of the country.

8. While the incidence of vaccine-preventable diseases has fallen off substantially, parallel to increases in coverage levels, these diseases still account for almost 9 per cent of the deaths of children under five years of age. The country achieved universal child immunization (UCI) nationally in 1990 and sustained universal coverage in 1991. However, UCI has not yet been attained in seven provinces. Coverage levels are also thought to be lower in many urban and peri-urban areas where, unlike in rural areas, systems for the active identification and follow-up of defaulters are not in place.

9. The dramatic gains in survival rates for infant and children have not been paralleled by an equivalent improvement in the nutritional status of children. According to the findings of the 1991 comprehensive national health survey, one in six Iranian children under the age of five years is malnourished (all degrees). The survey found the incidence of malnutrition to vary significantly by sex (17 per cent for girls versus 11 per cent for boys), by location (14 per cent for girls in urban areas versus 20 per cent for girls in rural areas) and by region.

10. With respect to breast-feeding practices, the 1991 survey revealed that 62 per cent of urban and 72 per cent of rural children are breast-fed for a period of at least one year, an increase from the situation in 1988 prior to the launching of the child survival campaign.

11. While no comprehensive national survey on iron deficiency anaemia has been conducted, regional studies indicate that the prevalence of anaemia ranges from 30 to 50 per cent among Iranian women and children. The results of an iodine deficiency disorders (IDD) survey carried out in 14 provinces in late 1989 revealed that IDD is also highly prevalent. The survey estimated that about 50 million people (90 per cent of the total population) live in iodine deficient areas, and of these 50 million people, 15 million (30 per cent) have goitre.

12. The decline in the maternal mortality rate (MMR) over the last two decades has been dramatic: the rates were 120 (urban) and 370 (rural) per 100,000 live births in 1974; 77 (urban) and 233 (rural) per 100,000 live births in 1985; and 29 (urban) and 80 (rural) per 100,000 live births in 1991. The reduction in MMR is attributable to a number of factors: (a) the rapid rate of urbanization, resulting in more deliveries in hospitals (according to the 1991 comprehensive national health survey, 90 per cent of deliveries in urban areas take place in hospitals); (b) the strengthening of perinatal care and the training of rural midwives and traditional birth attendants; (c) the reduction in the total fertility rate and, consequently, better child-spacing; and (d) road and transport improvements that have increased links between villages and cities, thereby facilitating hospital deliveries.

13. Gross enrolment rates for girls have increased some 35 per cent at the primary level. Progress has been slower in rural areas, where female enrolment rates stand at 61 per cent, 17 per cent and 7 per cent for the elementary, guidance (middle) and secondary cycles, respectively. Significant gender disparities in terms of access to education and enrolment levels continue to exist in the country. Male enrolment rates are about 10 per cent higher than those of girls at the primary and guidance levels and 25 per cent higher at the secondary level.

14. Women's literacy levels rose from 17 to 43 per cent from 1970 to 1990. However, widespread illiteracy among the female population, particularly in rural areas, and limited access to basic Facts for Life-type information and skills, persist. Thus, communities and households remain handicapped in making decisions and putting available resources to good use to meet the survival and development needs of children.

PROGRAMME COOPERATION, 1989-1992

15. The UNICEF programme of cooperation had been developed with the Government on an annual basis from 1984 until 1989. In 1988, the UNICEF Executive Board approved the first two-year programme (1989-1990), which led to a five-year country programme recommendation for 1991-1995, approved by the Executive Board in 1990. As implementation of the 1991-1995 programme began, the country experienced a severe emergency resulting from the situation between Iraq and Kuwait. Adoption during the same period of a national programme of action (NPA) by the Government and the increase of the annual ceiling of expenditure from UNICEF general resources for the Islamic Republic of Iran opened new venues for cooperation. All these developments created a qualitatively different environment for collaboration between UNICEF and the Government, and eventually required formulation of a new recommendation, which is being presented to the 1993 Executive Board.

16. The past few years of UNICEF programme cooperation were characterized by the implementation of a highly successful national child survival campaign which included UCI, oral rehydration therapy (ORT), breast-feeding and improved weaning practices. The campaign was strongly supported by political leaders at the highest level, local administrators and religious leaders. The health workers at all levels were successfully mobilized to achieve UCI and, for the first time, they were actively supported by their colleagues in other sectors,

particularly the schoolteachers. Public awareness increased tremendously and accounted to a large extent for the actual achievement of the UCI goals by 1990. The immunization coverage of children under one year of age increased between 1985 and 1991 from 64 to 91 per cent for the anti-tuberculosis vaccine, from 51 to 88 per cent for the third dose of the combined diphtheria/pertussis/tetanus vaccine and the third dose of the oral polio vaccine and to 84 per cent for measles. The present coverage of 77 per cent of pregnant women by tetanus toxoid is one of the highest rates among developing countries.

17. The child survival campaign also contributed to the reduction of diarrhoeal disease-related mortality and morbidity. Evaluation results indicated that mortality due to diarrhoea among children under five years of age decreased from about 34,000 (25 per cent of total deaths in the age-group) in 1985 to 13,200 (17 per cent of total deaths in the age-group) in 1991. The same trend was detected in the incidence of diarrhoea, which decreased between 1988 and 1991 from 21 to 14 per cent in children under five years of age having had an episode of the disease in a year.

18. Immediately after the end of the war with Iraq, a large project was started to rehabilitate the PHC network in the war-affected provinces. UNICEF assisted the Government with the restoration of operations in 1,200 rural health houses and 200 rural health centres, representing about 15 per cent of the service delivery points and 15 community health worker training centres.

19. In 1990, a devastating earthquake hit the northern provinces of the country. UNICEF responded immediately with an emergency programme for the reconstruction of the PHC network and special equipment for the rehabilitation of handicapped victims. Following the situation between Iraq and Kuwait, an unprecedented influx of almost 1.5 million refugees from Iraq generated a major emergency. UNICEF provided support for the Ministry of Health to establish maternal and child health centres in 53 refugee camps. These centres, using PHC personnel as front-line workers, made it possible to undertake the immunization of all children in camps, to provide ORT services and to organize supplementary feeding.

20. Cooperation with the Government during the period of 1991-1992 was characterized by the impact of the World Summit for Children (WSC) as well as by the aftermath of the situation between Iraq and Kuwait. The Government has committed itself to the achievement of the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s. A national seminar on child survival and development was held on 29 October 1991, during which the Summit declaration was signed and the NPA was launched. The baseline indicators necessary to monitor the achievement of the goals were measured by a national survey in September 1991. For the first time, this survey provided data at the provincial level, initiating the development of strategies for disparity reduction. The results provided the basis for the situation analysis of children and mothers prepared in 1992.

21. During these years UNICEF has been actively involved in the development and implementation of the IDD programme, the "baby-friendly" hospital initiative, family planning and safe motherhood programmes. UNICEF has also worked very closely with the Ministry of Education and the literacy movement

organization on propagating Facts for Life material. In addition, UNICEF has identified and established working relationships with women's organizations.

22. Very close cooperation has been maintained with the World Health Organization (WHO) to monitor and assess the outcome of the health projects. The UNICEF response to the situation between Iraq and Kuwait was closely coordinated with the Office of the United Nations Disaster Relief Coordinator, the United Nations Development Programme (UNDP) and the Office of the United Nations High Commissioner for Refugees.

23. Major lessons learned during this period can be summarized as follows: (a) in order to reduce the disparities between different geographical areas, it is imperative to design province-specific programmes; (b) area-based programming provides an excellent opportunity for introducing innovative projects; (c) there is a need to strengthen data management, data collection, data analysis and information dissemination systems; (d) the PHC network provides a valuable foundation for the delivery of integrated health services; and (e) the promotion of community participation and the strengthening of referral systems for social services will ensure programme sustainability.

RECOMMENDED PROGRAMME COOPERATION, 1993-1997

Recommended general resources: $6,000,000
Supplementary funding: $2,500,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 230	-	1 230
Nutrition	560	1 000	1 560
Education for life	1 340	-	1 340
Advocacy and social mobilization	1 060	500	1 560
Monitoring child indicators	1 000	-	1 000
Integrated area-based programme	810	1 000	1 810
Total	6 000	2 500	8 500

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme preparation

24. A highly participatory process of programme development (situation analysis, strategy formulation and detailed programme preparation) began in late 1991 and continued through 1992, involving the Government, the universities, non-governmental organizations (NGOs), United Nations partners and UNICEF. A series of programme planning meetings achieved strong consensus on the major problems facing children and women and on the viable response options. Analytical studies and evaluations were undertaken, especially for the preparation of the situation analysis and for programming, covering the expanded programme on immunization, control of diarrhoeal diseases (CDD), ARI, nutrition, maternal health and non-formal and basic education. The preparation of the 1993-1997 country programme of cooperation, led by an expert team composed of people from the Government, consultants and UNICEF staff, was linked with the formulation of the NPA, which was undertaken as a follow-up to WSC and in accordance with relevant Executive Board decisions.

Programme goals, objectives and strategies

25. The country programme is planned within the framework of wider national efforts to move towards WSC goals for children as adapted in the NPA and will emphasize the most urgent goals for Iranian children and women. The scope and objectives of the programme take into account likely available resources as well as overall national priorities, prospective UNICEF resources and the nature of the global UNICEF mandate. The new programme of cooperation will focus on sustainability of past achievements. It will further support disparity reduction programmes through the strengthening of PHC activities in peri-urban and hard-to-reach rural areas. Special attention will be paid to monitoring and evaluation and promotion of applied research. A number of innovative approaches in the health delivery system will be introduced.

26. The major programme goals for 1993-1997 are: (a) to reduce IMR from 40 to 27 per 1,000 live births and U5MR from 52 to 42 per 1,000 live births; (b) to reduce MMR from 54 to 40 per 100,000 live births; (c) to reduce the incidence of severe and moderate malnutrition among children under five years of age by at least 50 per cent; (d) to empower all Iranians with the basic knowledge and skills needed for healthy living; and (e) to put knowledge and information to work for children. Country programme goals (a), (b) and (c) above were adopted in view of the fact that the rates of infant, child and maternal mortality in the Islamic Republic of Iran remain relatively high, and malnutrition in the country remains widespread. The goals also reflect the important opportunity presented by the country's sustained commitment to children as manifested in the adoption of the NPA for children. Country programme goal (d) above was adopted in view of the fact that many Iranians continue to lack the basic knowledge and skills needed for healthy living and the well-being of children and mothers. Finally, country programme goal (e) above was adopted in light of the vital role of collecting and using relevant data for identifying the priority problems of children and women, monitoring and evaluating progress, promoting policy dialogue and raising social awareness. A number of detailed supporting and sectoral objectives have also been adopted for the country programme, covering many of those endorsed at the national level and by WSC, which will be pursued through specific programmes.

Health

27. This sectoral programme aims to reduce morbidity and mortality among children and women. The goals set for 1997 are: (a) to improve the coverage and quality of the PHC network in both urban and rural areas; (b) to reduce MMR from 54 to 40 per 100,000 live births; (c) to reduce ARI-related mortality in children under five years of age from 19 to 10 per cent of total U5MR; (d) to reduce diarrhoeal disease-related mortality by about 70 per cent, from 17 to 5 per cent of total U5MR; (e) to reduce the rate of mortality and morbidity arising from vaccine-preventable diseases in children under five years of age and to increase tetanus toxoid coverage for pregnant women; (f) to implement relevant projects in all districts and areas during the programme cycle to achieve national eradication of poliomyelitis by the year 2000; (g) to eliminate neonatal tetanus by 1995; and (h) to reduce by 1995 measles-related mortality by 95 per cent and measles-related morbidity by 90 per cent. As a principal thrust, the programme will deal with two major factors related to child and maternal mortality and morbidity, i.e., household and community awareness levels with respect to health problems and the availability, quality and utilization of health services. Interventions directed towards these factors will include extensive social mobilization, involving mass media, community and religious leaders, decision makers and local NGOs. Equal attention will be given to the training of health personnel and technical and material assistance to improve health care delivery and reporting systems and baseline data. Each of the projects will be targeted at specific priority provinces or regions where problems remain grave and service coverage levels remain low. In general, UNICEF will support efforts to continuously expand the PHC system, with a particular emphasis on innovative pilot projects designed to expand services in peri-urban and deprived rural areas.

Nutrition

28. This programme will contribute to the improvement of the general nutritional status of mothers and children. Its major objectives will be: (a) to reduce the incidence of severe and moderate malnutrition among children under five years of age by 50 per cent of the present level; (b) to reduce iron deficiency anaemia among women of child-bearing age by one third of the present level; and (c) to virtually eliminate IDD, in all segments of iodine deficient populations, particularly in women of child-bearing age. UNICEF assistance to the programme will be multifaceted, with the promotion and protection of breast-feeding at the base. UNICEF will continue its support to strengthen and expand the "baby-friendly" hospital initiative, with the aim of increasing the number of "baby-friendly" hospitals to 90 per cent of all hospitals in the country by 1997. UNICEF will also support activities aimed at increasing the proportion of women breast-feeding exclusively for four to six months after birth and continuing to breast-feed with appropriate complementary foods into the second year to 80 per cent by 1997. Assistance will be provided to conduct research and studies on the status of breast-feeding and the identification of positive and negative factors in the promotion and protection of breast-feeding. UNICEF will work closely with the Nutrition Institute and the Department of Nutrition in the Ministry of Health in assessing the nutrition status of mothers and children to determine food availability and patterns of food consumption within the family. Fortification of salt and PHC-related activities will be supported to expand the iron deficiency and IDD control

programme. If supplementary funds are available, UNICEF will further support the national IDD programme with the provision of potassium iodate and iodine capsules.

Education

29. The aims of this programme are: (a) to assess the present level of basic life skills, in particular, at the primary school and through literacy classes, and, based on the results, to propose appropriate interventions in the form of a Facts for Life-type pilot education project; and (b) to carry out a gender analysis (qualitative and quantitative) to identify the positive and negative factors related to girls' enrolment in primary schools. A pilot project will be carried out in three locations to test acceleration strategies to increase the rate of girls' enrolment. Both of the pilot projects shall be closely monitored and evaluated, with the aim of going to scale. UNICEF will provide technical assistance throughout the period of cooperation, including consultancies, surveys, data analysis, printing materials and, especially, help to establish contacts for relevant international experience exchange for the development of suitable national approaches.

Advocacy and social mobilization

30. The objectives of this programme are: (a) to maintain the position of children at the top of the political, socio-economic and cultural agenda; (b) to increase societal awareness of and concern for child rights; and (c) to increase the participation of women in all fields, with a particular emphasis on those pertaining directly to women's issues and women's development. A major concern will be to equip the UNICEF office with the in-house capability to advocate effectively in the local milieu and to become an active information/advocacy centre for children's and women's issues in the country. Stress will be placed on the strengthening of women's organizations through the sharing of information and experiences as well as advocacy. Advocacy efforts on women's and children's issues in urban areas will also be undertaken through existing infrastructures such as urban health centres and some NGOs active in urban areas. For those provinces where health coverage is still low, new approaches to social mobilization will be developed to ensure improved programme implementation.

Monitoring child indicators

31. The major goal of this innovative programme is to improve the national capacity for the collection, management and effective use of knowledge and information that has an impact on the situation of children and women. An initial output of the programme will be the formation of a unit that will be attached to the Centre for Statistics of the Planning and Budget Organization and charged with gathering and continuously updating all information relevant to the health and socio-economic status of children and women. UNICEF will support in-service training for provincial-level health administrators and statistical staff at the central level.

Integrated area-based programme

32. This programme will aim to achieve national goals by the end of 1996 in districts of Chaharmahal and Bakhtiari, Fars, East Azarbaijan and Tehran provinces, using an intensive and multisectoral approach. The experiences gained throughout the implementation of this programme will be used for readjusting approaches in nationwide programmes. UNICEF will provide supplies and equipment and technical advice and will have a supporting role in project replication. Depending on the availability of supplementary funds, the number of districts will be increased.

Monitoring and evaluation

33. With UNICEF assistance, a system of regular programme and project progress reporting based on annual project plans will be established by the implementing ministries. These monitoring activities will be carried out by sectoral and project committees and will involve regular field visits. Annual reviews will be conducted during the last quarter of each calendar year, with the participation, where appropriate, of United Nations agencies and other parties concerned. These reviews will form the basis of annual adjustments and resource allocation for the project plans of action. A mid-term review of the programme, accompanied by relevant evaluative studies, will be undertaken in mid-1995 to review the overall trends and progress towards the objectives and to reflect upon the strategies adopted. Specifically, a national survey will be conducted at mid-term to assess the coverage, impact and effectiveness of the PHC system, with special emphasis on the war-affected areas. In addition, surveys will be commissioned, examining trends and factors in ARI, CDD and morbidity and mortality trends for vaccine-preventable diseases, and a knowledge, attitude and practice survey will assess hospital and maternal practices in breast-feeding. The effectiveness and coverage of formal and non-formal education will also be evaluated. The situation analysis of children and women will be updated periodically on the basis of available new information.

Coordination with other agencies

34. The design of the programme takes into account the expected support of other United Nations agencies. WHO will have a special role as technical adviser for the health and nutrition programmes and will be an operational partner for the area-based programme. The safe motherhood and family planning project will be closely coordinated with the United Nations Population Fund. UNDP will be involved in the overall coordination of programmes at the country level, as well as in special collaborative initiatives, such as advancement in the status of women.

Country programme management

35. The broad strategic framework for the 1993-1997 country programme has been developed with the aim of achieving maximum impact with UNICEF inputs in light of three primary factors: (a) the development status of the Islamic Republic of Iran (i.e. mid- to low-level of infant mortality and a well-developed service delivery system); (b) its vast size (a population of 58 million scattered over an area of 1.64 million square kilometres); and (c) the UNICEF

programme's limited resources ($1.2 million in general resources per year and little or no supplementary funds).

36. Taken together, these factors mean that supply-oriented, quantity-based, national-in-scope programmatic approaches are likely to have little impact. Rather, UNICEF must seek out innovative ways for programming and utilizing its resources in order to act as a catalyst and mobilizer, using its experience in areas such as information collection and analysis, communications and advocacy and applied social research to identify and raise awareness of priority problems. UNICEF must also target its limited resources towards pockets of poverty and towards regions and provinces that lag behind the rest of the nation.

37. The new proposed programme makes a greater demand on expertise, monitoring, evaluation and research activities. The scope of the projects also expands from almost strictly health to education and women in development, as well as to social statistics and planning. The country programme has been divided into two main programme clusters. The first cluster will group programmes such as monitoring child indicators, education, advocacy and social mobilization. These programmes represent the newly added aspects of the programme recommendation. The second cluster will group programmes such as health, nutrition and the integrated area-based programme, which are mostly health-related and constitute further development of previous UNICEF assistance. The two clusters will be managed by two international Professional staff, including the representative and 7 national Professionals, supported by 11 General Service staff.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

(Islamic Republic of)
Iran (1991 and earlier years)

UNICEF country classification

Under-five mortality rate	62	(1991)	Middle U5MR
Infant mortality rate	47	(1991)	Middle IMR
GNP per capita	$ 2320	(1991)	Lower-middle GNP
Total population	60 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	1282	1828	2400	2437
Infant deaths (under 1)	(Thousands)	170	158	120	115
Under-five deaths	(Thousands)	269	220	158	149
Under-five mortality rate (per 1,000 live births)		208	126	67	62
Infant mortality rate (under 1) (per 1,000 live births)		133	87	50	47

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980)	Moderate & severe	43 a/	..
	Severe	..	..
Babies with low birth weight (%, 1979/1990)		14	9
% of primary school children reaching final grade, 1969/1988)		70	91

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1988)	.. /../ ..	91* / 73* / 51*
Prevalence of wasting (%, 1980)	23 a/	..
Prevalence of stunting (%, 1980)	55 a/	..
Daily per capita calorie supply (% of requirements, 1988-1990)	..	125
Food production per capita index (Index 1979-1980=100, 1980/1991)	98	114
Household expenditure (% of total income, 1980-1985)	All food/cereals	37 / 10

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)		..	71
Access to health services	Total	..	80
(% of population, 1988)	Urban/rural	.. / ..	95 / 65
Access to safe water	Total	..	89
(% of population, 1990)	Urban/rural	.. / ..	98 / 76
Access to adequate sanitation	Total	..	63
(% of population, 1990)	Urban/rural	.. / ..	86 / 32
Births attended by trained personnel (%, 1988)		..	70*
Maternal mortality rate (per 100,000 live births, 1986-1987)		..	120

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	6	64	95	91
	DPT	29	51	93	88
	Polio	47	51	92	88
	Measles	48	51	83	84
Pregnant women (%) immunized against:	Tetanus	2	23	50	77

TABLE 1 (continued)

Iran (Islamic Republic of)

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%,1980/1989)	Total	87 / ..	109 / 94
	Male	.. / ..	115 / 99
	Female	.. / ..	101 / 90
Secondary enrolment ratio (gross/net) (%, 1980/1989)	Total	.. / ..	53 / 48
	Male	.. / ..	62 / 55
	Female	.. / ..	44 / 41
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	29	54
	Male/female	40 / 17	65 / 43
Radio/television sets (per 1,000 population, 1980/1990)		165 / 51	247 / 70

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Millions)	28	39	58	60	78
Population aged 0-15 years	(Millions)	14	19	28	29	36
Population aged 0-4 years	(Millions)	5	7	10	11	13
Urban population (% of total)		41	50	57	58	64
Life expectancy at birth	Total	55	60	67	67	70
(years)	Male	55	59	66	66	69
	Female	55	61	66	67	71
Total fertility rate		6.8	6.5	6.2	6.1	5.1
Crude birth rate (per 1,000 population)		45	45	42	41	36
Crude death rate (per 1,000 population)		16	11	8	8	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978)		..	23 a/
Population annual growth rate (%, 1965-1980/1980-1991)	Total	3.2	3.9
	Urban	5.5	5.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		2.9	-1.1
Inflation rate (%, 1965-1980/1980-1990)		16	14
Population in absolute poverty (%,)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1980/1989)	Health/education	6 / 21	9 / 22
	Defence	16	14
Household expenditure (% of total income, 1980-1985)	Health/education	6 / 5	.. / ..
Official development assistance: (1980/1991)	$US millions	31	81
	As % of GNP	..	0
Debt service (% of goods and services exports)		..	..

a/ Indicates data that differ from the standard definition or refer to only part of a country.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1995 a/

COUNTRY: (ISLAMIC REPUBLIC OF)IRAN
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $2,500,000 b/

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	729		11		142		128		1010	1250		2500 c/	1010	3750
Household food security and nutrition	128		8				60		196	500			196	500
Social mobilization and advocacy	4				11		51		66	500			66	500
Planning and social statistics	6				18		69		93	250			93	250
Emergency	429	5431		104		63	2	275	431	343	5873	6952	6304	7295
GRAND TOTAL	1296	5431	19	104	171	63	310	275	1796	2843	5873	9452	7669	12295

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.
b/ Original approved for 1991 - 1995.
c/ This amount remains unfunded (1991 - 1995).

/...

TABLE 3. PLANNED EXPENDITURE, 1993 – 1997

(In thousands of United States dollars)

Country: (ISLAMIC REPUBLIC OF) IRAN Period covered: 1993 – 1997	Funding status	1993	1994	1995	1996	1997	Total
Health	GR	240	240	250	250	250	1230
Nutrition	GR	200	100	100	80	80	560
	NSF	200	200	200	200	200	1000
Education for life	GR	280	250	290	260	260	1340
Advocacy and social mobilization	GR	150	200	220	245	245	1060
	NSF	100	100	100	100	100	500
Monitoring child indicators	GR	200	200	200	200	200	1000
Integrated area-based programme	GR	130	210	140	165	165	810
	NSF	200	200	200	200	200	1000
TOTAL	GR	1200	1200	1200	1200	1200	6000
	NSF	500	500	500	500	500	2500
GRAND TOTAL		1700	1700	1700	1700	1700	8500

GR = General resources.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

(ISLAMIC REPUBLIC OF)IRAN

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1993-1997 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L1	D1/L4	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	POSTS	IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	1230			1230								1	1	2		305	305
Nutrition	560			560									1	1		75	75
Education	1340			1340				1			1		1	2	672	75	747
Advocacy and social mobilization	1060			1060								2	1	3		535	535
Monitoring child indicators	1000			1000								1	1	2		305	305
Integrated area-based programme	810			810								1	1	2		305	305
TOTAL GR	6000			6000				1			1	5	6	12	672	1600	2272
SUPPLEMENTARY FUNDING																	
Nutrition			1000	1000													
Advocacy and social mobilization			500	500													
Integrated area-based programme			1000	1000													
TOTAL SF			2500	2500													
TOTAL GR & SF				8500				1			1	5	6	12	672	1600	2272
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	Operating costs			477													
	Staffing b/						1				1	2	5	8	395	419	814
GRAND TOTAL (GR + SF + ADM)							1	1			2	7	11	20			
Number of posts and staff costs:																	
- At the beginning of previous programme (1991)											1	4	8	13	N/A	N/A	N/A
- At the beginning of proposed programme (1993)											2	7	11	20	N/A	N/A	N/A
- At the end of proposed programme (1997) (Indicative only)											2	7	11	20	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

/...

Annex

LIST OF STUDIES AND EVALUATIONS

1. Situation analysis of women and children in the Islamic Republic of Iran. September 1992.

2. Releasing new energies for children: strategies for child survival, protection and development in the Islamic Republic of Iran, 1993-1997. October 1992.

3. The Islamic Republic of Iran and UNICEF programme of cooperation. November 1992.

4. The health situation of mothers and children in the Islamic Republic of Iran. Dr. H. Malekafzali, August 1992, first edition.

5. Evaluation of growth monitoring and promotion activities in the Islamic Republic of Iran. Ministry of Health and Medical Education, Institute of Nutrition and Food Technology and UNICEF, June 1991.

6. The Islamic Republic of Iran: early signs of success; Childhood pneumonia: strategies to meet the challenge. Proceedings of the First International Consultation on the Control of Acute Respiratory Infections, 1991.

7. Health facility survey of diarrhoea case management in the Islamic Republic of Iran. Ministry of Health and Medical Education and programme for the control of diarrhoeal diseases, WHO, Geneva, November 1991.

8. Study of the prevalence of iron deficiency anaemia among pregnant women in Charmahal Bakhtiarieh provincial health centre. 1991, Charmahal Bakhtiarieh.

9. Comprehensive health situation. Ministry of Health, Under-Secretary for Research, 1991.

10. Breast-feeding knowledge, attitude and practice study. Ministry of Health, Under-Secretary for Research. National Breast-feeding Committee, 1991.

11. International code of marketing. Review of current practice of health personnel vis-à-vis promotion of breast-feeding and infant formula distribution. Ministry of Health, Under-Secretary for Research, 1991. National Health Journal, 1991.

12. A study on the reasons for early weaning among Tehranian women. Ministry of Health, Under-Secretary for Health, 1991.

13. The study of the percentage of women using contraceptives in urban and rural areas and the relationship with the socio-economic status of the family. Ministry of Health, Population and Family Planning Department and UNICEF, 1991.

14. Household food security. The study of protein and energy intake in families in the south of Tehran. Tehran Medical University, Tehran provincial health centre, 1991.

UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/P/L.15
8 March 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Iraq

The Executive Director recommends that the Executive Board approve the country programme of Iraq for the period 1993-1994 in the amount of $4 million from general resources, subject to the availability of funds, and $13 million in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1990-1992	4
RECOMMENDED PROGRAMME COOPERATION, 1993-1994	9

List of tables

1.	Basic statistics on children and women	15
2.	Expenditure under previous cooperation period, 1990-1995	17
3.	Planned expenditure, 1993-1994	18
4.	Linkage of programme budget and staffing/staff costs	19

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Iraq, historically known as Mesopotamia, the "land between two rivers" (the Tigris and the Euphrates), covers an area of 435,052 square kilometres, three quarters of which is desert. The Islamic Republic of Iran and Turkey border Iraq to the north, Kuwait and Saudi Arabia to the south and Jordan and the Syrian Arab Republic to the west. The country is divided into 18 governorates, 91 districts and 134 subdistricts.

2. The total population was estimated at 18.7 million in 1991, growing at a rate of 3.3 per cent per annum. During the 1980-1991 period, the urban population grew at an annual rate of 4.2 per cent. At present, 73 per cent of the total population is urban. The total number of children 0-4 years of age is about 3.2 million and there is an equal number of women of child-bearing age. Between 1981 and 1987, a period of relative stability and development, the infant mortality rate (IMR) declined from 65 to 42 per 1,000 live births, and the under-five mortality rate (U5MR) decreased from 83 to 52 per 1,000 live births.

3. Iraq's important natural resources are oil, agricultural land and water. The rapid economic growth prior to the Gulf war was sustained through oil revenues, which provided more than 60 per cent of the country's gross domestic product. The total area classified as agricultural land covers 168,000 square kilometres. Prior to the Gulf conflict, Iraq was producing 30 per cent of its food requirements. Increased food availability, improved purchasing power and better health and nutrition facilities resulted in a marked reduction in malnutrition in the country.

4. Over the past decade, breast-feeding practices showed notable improvements. In 1990, 76 per cent of infants were breast-fed exclusively during their first three months of life. Breast-feeding decreased for older children (45 per cent at six months of age and only 19 per cent for a full 12 months). The high level of breast-feeding during early infancy was attributed to the generous maternity leave and time allowed on the job for mothers to breast-feed their babies.

5. In July 1990, the diarrhoea-related U5MR was reported to be 1.1 per 1,000, down from 8.5 per 1,000 in 1985. This was attributed to early rehydration and sufficient liquid intake. Acute respiratory infections (ARI) accounted for 47 per cent of infant outpatient visits and 29 per cent of hospital admissions for children under five years of age.

6. Prior to the Gulf war, 100 per cent of the urban and 54 per cent of the rural population had access to safe water supply. While there were ambitious plans to build a modern sewage network, sanitation remained inadequate.

7. The primary education network extended to remote areas and school enrolment in 1988 was 91 per cent for boys and 82 per cent for girls. As a result of extensive adult education campaigns during the 1978-1987 period, the adult literacy rate reached 87 per cent for females and 90 per cent for males.

8. Iraq's recent history has been dominated by prolonged conflict. Notable improvements achieved in social indicators during the 1980s hide the negative

consequences of the eight-year war, particularly in the seven governorates bordering the Islamic Republic of Iran. The primary health care (PHC) network was severely damaged; the education infrastructure was destroyed; and migration of the population to safer areas led to reduced school retention rates.

9. The Gulf conflict followed a prolonged war and reversed many of the accomplishments of the 1970s and 1980s. The condition of children and women deteriorated further in the late 1980s. IMR and U5MR suffered a threefold increase to 111 and 143 per 1,000, respectively, in 1991. During the same period, the percentage of babies born with low birth weight (under 2.5 kilograms) increased from 5 to 12 per cent. Diarrhoea-related diseases became the number one killer of Iraqi children. A sudden increase in the number of cases of ARI was also noted. Independent assessments confirm an alarming and increasing incidence of severe and moderate malnutrition among children under five years of age. Clinical forms of severe malnutrition, both marasmus and kwashiorkor, were reported to have increased dramatically. There was also a decline in the school enrolment rate and an increase in the drop-out rate for girls. Children's problems arising from war-related psychological trauma also increased. A study conducted in October 1991 showed that an overwhelming majority of children under five years of age had suffered directly from war-related trauma. Around 87 per cent of children still remembered the war and four out of five expressed fear of being without a family member through death or separation. Many continued to experience trauma and stress even one year after the war was over. A sense of uncertainty, fear and depression continued to disturb an overwhelming majority of children. Essential supplies for the disabled became scarce. The crisis further increased the number of households headed by women and imposed greater pressure on girls to share the workload at home. In the north and south of the country, where difficult conditions prevail, thousands of children live in temporary shelters under extremely harsh conditions. Some children have resorted to income-generating activities to help support their families and, in the worst cases, they are seen indulging in such unhealthy adult habits as smoking and carrying guns.

10. Several factors contributed to this state of affairs. The damage to existing services was the first. Social services for children and women suffered a serious setback, both in terms of quality and quantity. In the health field, many hospitals and health centres were damaged. Shortages of supplies and equipment, the lack of medicine and shortages of personnel, transportation and communication were continuously reported. Grave damage was inflicted on water supply and sanitation systems and treatment plants. Many schools were destroyed, which led to reduced activities and even closure of schools.

11. The economic embargo imposed since August 1990 is another contributing factor. Its enormous impact, especially on the conditions of children and women, is likely to be more pronounced as it continues in the foreseeable future. The sanctions - mainly the freezing of Iraqi assets and the ban on Iraqi oil exports and on imports of spare parts, capital, consumer goods other than food and limited medical items - have had the effect of putting the social services infrastructure and the economy into a state of stagnation. The crop harvest has been reduced owing to the lack of insecticides, spare parts for irrigation and harvesting and processing equipment. Prices of essential foods have increased 20-fold in two years. Items for daily use have become more and

more unaffordable, if available at all. Insufficient electricity and fuel, the breakdown of water and sewerage networks and lower real family incomes and nutritional standards have made the negative impact on the health of women and children substantial and multifaceted.

12. Conditions in the north, centre and south of the country vary considerably and are influenced by domestic, regional and international political factors. In addition, IMR and the maternal mortality rate (MMR), problems caused by demographic dislocation, and the lack of access to clean water, medical supplies, fresh food and transport and communications facilities differ from region to region. For instance, restrictions on supplies to the governorates of Erbil, Suleimanyia and Dohuk created additional stress on the already alarming condition of children and women. These conditions make an area-based approach to restoration of basic services compelling.

13. In spite of the difficulties, the Government has expressed an interest in drafting a national programme of action (NPA) to achieve the goals for children in the 1990s. This political commitment reaffirms the Iraqi tradition of giving high priority to maternal and child needs. A multisectoral coordination committee called the National Childhood Welfare Committee has been established. This committee is responsible for overseeing the drafting of the NPA as well as all development programmes for children, and it plays a major role in mobilizing policy makers and planners to address the needs of children.

14. In its social development and mobilization work, the Government of Iraq is assisted by such strong and popular non-governmental organizations (NGOs) as the General Federation of Iraqi Women, the Family Planning Association of Iraq, the Iraqi Red Crescent, the Farmer's and Labour Unions, and People's Councils, all of which have nationwide community-based activities.

PROGRAMME COOPERATION, 1990-1992

15. In 1989, the Government of Iraq and UNICEF jointly developed a plan of operations for the 1990-1995 period which focused on four selected programme areas, based on priority problems identified in the situation analysis: health; early childhood development; social mobilization and advocacy; and planning and statistics.

16. The 1990-1995 programme had aimed to rectify the disparities that existed between areas, with continued focus on PHC and child survival programmes. However, the programme was barely launched when the Gulf crisis erupted in August 1990 and a state of emergency was declared. The programme was put in abeyance after international staff were evacuated to Amman in August 1990. However, the international staff returned, despite difficult circumstances, during the World Health Organization (WHO)/UNICEF mission led by the UNICEF Regional Director for the Middle East and North Africa region. UNICEF then reprogrammed its funds in February 1991 to respond to emergency needs. Simultaneously, the annual planning ceiling was raised from $500,000 to $1 million and later to $2 million. This resulted in utilization by 1992 of the budget originally approved for the 1990-1995 programme cycle.

17. In addition, UNICEF mobilized considerable financial resources from the donor community for implementation of the emergency programme. In 1991, Iraq was provided $35 million, the largest amount of supplementary funds allocated to any country during that year. The emergency operation carried out in 1991 focused on basic health, water supply, sanitation and nutrition. Later in 1992, education and psycho-social support programmes were added. UNICEF staff and material resources were increased to implement the greatly expanded programme activities.

18. The framework of the emergency programme was defined in the WHO/UNICEF mission report of February 1991. The major activities under the initial emergency programme included the provision of supplies and cold-chain equipment for the expanded programme on immunization (EPI), water purification systems, supplementary food for at-risk infants, nutrition promotion campaigns to safeguard newborns, training courses in oral rehydration therapy (ORT) and technical and logistical support for the entire emergency effort. After April 1991, United Nations inter-agency humanitarian programmes for Iraq were launched. UNICEF continued its focus on health, water supply, sanitation, nutrition and education. UNICEF also sponsored several international consultancies and missions during 1991 to determine the effects of the crisis and the subsequent internal strife on the situation of Iraqi children and women. The results of these missions, especially that of the Harvard International Study Team, provided a database for the formulation of short- and medium-term interventions.

Health

19. When the Gulf crisis erupted, the first assistance extended to the health sector was a consignment of vaccines and midwifery kits brought into the country in December 1990. With the sanctions imposed on Iraq and the virtual collapse of EPI, vaccines and cold-chain equipment began to be supplied on a regular basis and many EPI activities were resumed. Training courses were organized following WHO guidelines. A cold-chain consultant was engaged to advise on maintenance of cold-chain equipment and on strengthening delivery systems for accelerating EPI coverage. An intensive immunization campaign was also launched in the last quarter of 1991. UNICEF provided 20 million doses of vaccines. By the end of the year, an average of 75 per cent of children 0 to 1 year of age were immunized with anti-tuberculosis vaccine, combined diphtheria/pertussis/tetanus vaccine and vaccines to combat poliomyelitis and measles.

20. As a result of the rapid increase in the number of ARI cases, UNICEF supported a three-tier training strategy for its control. Training focused on management of coughs and colds in households so that families could learn to recognize pneumonia, use antibiotics correctly and use such equipment as timers and nebulizers.

21. A pilot project on childhood disability was also implemented. The components of the programme were early detection of disability, training and capacity-building of national planners and professionals and use of community-based rehabilitation techniques.

Nutrition

22. Galloping inflation and the continuing embargo on the importation of food led to a reduction in food availability and resulted in reduced calorie intake. Breast-feeding had declined over the last two decades and the embargo limited the supply of powdered milk for infants and children, thus seriously affecting the nutritional status of this very vulnerable group. A sample study conducted in 1991 indicated a high prevalence of growth retardation and wasting among infants and children. Therefore, a project for therapeutic feeding and nutrition rehabilitation was designed, under which such high-energy food items as skimmed milk, oats, sugar and oil were imported and distributed to 300,000 women and malnourished children.

23. The "baby-friendly" hospital initiative was introduced in four hospitals to encourage breast-feeding. A national nutrition survey is under discussion with the Ministry of Health to determine the nature and magnitude of nutritional problems and to form the basis of the future programme.

Water supply and sanitation

24. The Gulf crisis resulted in the destruction of the central water treatment stations, as well as smaller units, and there was extensive damage to the water distribution network. The seepage of sewage and dirty water into the pipes greatly contaminated the network. UNICEF responded to the emergency by providing aluminum sulphate and chlorine for treating water to prevent the spread of water-borne diseases. About 50 tons of chlorine were provided per week and 3,661 collars were provided for the repair of pipes.

25. Extensive technical support was given to local engineers to rehabilitate the water supply system. In the north, temporary water tanks were erected in settlements for returning refugees and minor pipelines were laid. Assistance was given to Office of the United Nations High Commissioner for Refugees (UNHCR) to implement small water supply projects. Water treatment stations were repaired with spare parts and equipment provided by UNICEF.

26. Sewage disposal remains a source of serious problems throughout the country, particularly in the southern governorates. Piles of raw sewage in the streets and in people's homes are a common sight in most low-income areas. Although UNICEF emergency efforts focused heavily on rehabilitating the water supply and sanitation system, much remains to be done.

Children in especially difficult circumstances

27. The emotional and psychological stress on children who have lived through two recent crises are plainly evident in those parts of the country that suffered the greatest war-related damage. Based on the findings of UNICEF-supported consultancies during 1991 and 1992, a project entitled "psycho-social support for children" was formulated to address the needs of children who were psychologically traumatized. The project is in its infancy and will proceed through stages of training of 50 master trainers, 450 school teachers and 1,800 child caregivers and social workers to identify psychologically traumatized children, deal with their behavioural problems and refer severe cases to a treatment centre.

Early childhood development

28. Even though this project was designed to be implemented first in Baghdad and later in Basrah and Mosul, circumstances have not permitted its extension. This is primarily a training project in which support is given for the training of master trainers, kindergarten teachers and child-care givers in early childhood development (ECD).

Social mobilization/advocacy

29. A social mobilization component was built into health, ECD and planning/research programmes. The Iraqi version of Facts for Life was produced under the supervision of a multisectoral committee. UNICEF supported the organization of a workshop for health educators to mobilize them to use innovative approaches to reach parents and other family members with health information that could be applied easily in their daily lives.

30. Due to the emergency nature of the programme and the high profile of the country office, information material continued to be produced for internal use as well as for mobilizing the support of the donor community. The production of such materials has made UNICEF a source of information on the health status of Iraqi women and children, which in turn has enabled UNICEF to play a catalytic role among international donors and humanitarian aid agencies.

Planning, research and social statistics

31. UNICEF is cooperating most closely in this sector with the Central Statistics Organization in the Ministry of Planning, with whom long-term planning activities have been undertaken. The most important development was the initiation of work to formulate an NPA. A baseline survey on education was conducted to determine the issues and concerns that needed to be addressed in the 1992 emergency education programme, as well as the regular education programme to be initiated in 1993.

32. Considering the growing debate on IMR estimates, UNICEF supported a study to analyse the various figures. The objective is to arrive at an official IMR figure and to train local experts in monitoring indicators related to health conditions of vulnerable groups.

Inter-agency humanitarian operations

33. As UNHCR began to scale down its operation in the north in March and April of 1992, UNICEF accepted to take over those components of the operation within its purview.

34. After the memorandum of understanding between the United Nations and the Government of Iraq expired in June 1992, United Nations assistance efforts slowed down considerably. This resulted in substantial cuts in staff and field operations due to non-issuance of visas, shortage of fuel and lack of permission to travel within the country. Those staff members who were able to continue working were sometimes hampered or intimidated.

35. Field activities of United Nations agencies and international NGOs were revived again after the signing of a new memorandum of understanding on 22 October 1992. UNICEF played a leading role in reaching agreement on the memorandum and the plan of action signed between the United Nations and the Government of Iraq for the period October 1992-March 1993. The plan, estimated at $256 million, includes components for UNICEF implementation estimated at $86 million. These consist of the provision of kerosene for cooking and heating, in addition to the normal areas of interest to UNICEF. The plan covers the entire country, with a particular focus on the northern areas which have experienced internal supply restrictions and are faced with severe winter weather.

Lessons drawn from past experience

36. UNICEF operations in Iraq were faced with a unique challenge to implement rehabilitation and development programmes for children and women in the post-war period. A multifaceted, mass scale programme was planned and implemented in a short period of time. The major onus for implementing the emergency programme fell on UNICEF staff, the number of whom had increased from 2 to 190 at the height of the crisis. The support of consultants and short-term staff was later secured to replace some of the emergency staff. In this context, the main lessons drawn from experience gained in the years before the emergency and during the emergency are the following:

(a) The first response to an emergency situation should not only focus on the provision of essential supplies; it must also be accompanied by the field posting of experienced and competent staff;

(b) Intersectoral coordination should be strengthened to maximize the impact of limited resources and to achieve quick results. In line with the PHC strategy, linkages should also be established between health projects;

(c) Partnerships with NGOs (both national and international) are vital, especially in efforts to reach the most needy groups. Training for local NGOs should be built into the agreements with international NGOs in order to develop local capacities and to ensure programme continuity after the departure of the international groups;

(d) Contacts at the grass-roots level - a UNICEF hallmark - should be maintained, improved and expanded;

(e) Programme performance and progress should be well documented in order to smooth the way for follow-up action. This is particularly important during the emergency phase, when priorities can change quickly, making it vital to have an efficient record of the tasks already achieved and those outstanding;

(f) Monitoring and control measures, especially during a period of emergency, are required to ensure that UNICEF assistance reaches the target groups.

RECOMMENDED PROGRAMME COOPERATION, 1993-1994

Recommended general resources: $ 4,000,000
Supplementary funding: $13,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 920	6 000	7 920
Nutrition	110	750	860
Water supply, sanitation and hygiene	400	2 450	2 850
Education	700	2 375	3 075
Early childhood development	150	1 250	1 400
Advocacy and communications	500	175	675
Planning and social statistics	220	-	220
Total	4 000	13 000	17 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Major features of the country programme

37. The post-crisis phase in Iraq presents a unique set of challenges, needs and constraints, including ongoing rehabilitation work amid continuous insecurity and uncertainty. The massive emergency programme initiated in 1991 began to shift to a rehabilitation programme in 1992, but the programme continued to be complex and multifaceted and still demands a considerable number of staff and material resources. Thus the 1993-1994 country programme will be a continuation of the ongoing rehabilitation programme. It aims to: contribute to the resettlement of displaced persons; continue the rehabilitation of the social services infrastructure which started after the Gulf emergency; address the continuing needs resulting from the crisis and subsequent economic sanctions; and gradually shift from rehabilitation back to more standard development assistance. The new country programme also stresses area-based planning and implementation and community participation, in addition to national components. Both area-based and national components will aim to reduce

disparities between genders, socio-economic groups and various areas. Administrative and logistical realities, coupled with continued financial constraints of the central Government, necessitate an area-based approach within all 18 governorates.

38. The major strategies for programme implementation include: addressing broad-based maternal and child health (MCH) concerns via national and integrated area-based approaches; coordination at the national level through the National Childhood Welfare Committee; prioritizing programme components; supporting training efforts; addressing women's concerns; promoting capacity-building; promoting community participation in all projects; supporting inter-agency cooperation and cross-sectoral collaboration with NGOs and universities; promoting basic life knowledge and skills at the community level; and reviewing and adjusting programmes regularly in the course of implementation.

39. The precise mix of programmes and activities among these areas will be determined on the basis of study and assessment of such indicators as IMR, MMR and rates of morbidity, literacy, school enrolment and access to basic social services. These factors will also determine the strategies and activities to be implemented to address human needs in low-income urban areas.

40. The programme is expected to go through a transitional phase, from a rehabilitation programme to a regular country programme, in the coming years. As and when the economic situation improves, UNICEF anticipates phasing out such activities as the provision of vaccines, cold-chain equipment, water/sewerage sector supplies and food for supplementary feeding in favour of more developmental activities in the spheres of training, capacity-building and advocacy in relation to nutrition, health, ECD and primary education. Meanwhile, the programme of cooperation for the 1993-1994 period covers seven major programme areas: rehabilitation and expansion of services in health, nutrition, water supply and sanitation, education and early childhood development; and programme support in advocacy/communications and planning and social statistics. These programmes are based on the major needs of children and women as identified in the situation analysis and take into account the five-year perspective and priorities in the Government development plan. Subject to further elaboration of programme targets, activities and the geographical focus on the basis of additional data and the assessment, the main objectives and projects in different programme areas are outlined below.

Health

41. The health programme will include five projects: EPI; control of diarrhoeal diseases (CDD); MCH; control of ARI; and childhood disability. The overall objective is to make progress towards achieving the goals for the 1990s by strengthening the PHC system. Therefore, the health programme will be designed with maximum linkage among the five projects, as well as linkages with the nutrition programme.

42. The EPI project aims to make significant progress towards eradicating poliomyelitis; eliminating neonatal tetanus; increasing immunization coverage of infants against the six antigens; and increasing to 90 per cent coverage of women of child-bearing age against tetanus. The training of medical doctors, nurses, health workers and vaccinators will be a major activity. Health

education, mass campaigns (especially for hard-to-reach groups) and regular monitoring will also be supported.

43. The objective of the CDD project is to reduce diarrhoea-related mortality and morbidity and achieve full ORT coverage of children under five years old affected by diarrhoea-related dehydration. A comprehensive training programme will be launched for this purpose. Supplies and equipment will be provided to reactivate the diarrhoea management teaching units and ORT corners. Preventive aspects of CDD will be addressed by promoting health education, especially pertaining to breast-feeding and the preparation of appropriate weaning foods. Local NGOs will also be engaged to establish contact with communities.

44. The MCH project foresees 90 per cent coverage of high-risk pregnancies with prenatal and post-natal care. Medical officers, paramedical staff, nurses, supervisors and traditional birth attendants will be trained to provide improved MCH services throughout the country. All available means will be tapped to support health- and pregnancy-related education for mothers of children under five years of age.

45. In order to reduce by one third ARI-associated mortality in children under five years old, the project will include the training of programme managers, supervisors and parents. Mass media campaigns will also be conducted to raise the awareness of community leaders, NGOs and health workers. To overcome the scarcity of available data from small sample studies, UNICEF will support research to identify the extent and causes of ARI in the current difficult economic situation. This, in turn, will help programme managers determine precise components and targets. Following WHO guidelines, CDD and ARI projects will be integrated to make them cost-effective.

46. The project on childhood disability will focus on early detection and community-based rehabilitation of children with marginal disabilities, estimated at 2 to 5 per cent of all children enrolled in school. The training of 50 per cent of parents, schoolteachers and health workers will be supported. The project will also focus on preventing disabilities through immunization against poliomyelitis and measles.

Nutrition

47. The nutrition programme consists of two projects: improving the nutrition of children under five years old and eliminating micronutrient deficiencies.

48. The first project aims to reduce malnutrition and promote growth monitoring. It includes the promotion of breast-feeding, growth monitoring for the 30 per cent of the neediest Iraqi children under the age of five years old, the training of various cadres of health staff and implementation of the "baby-friendly" hospital initiative. UNICEF will continue to provide supplementary feeding, but will gradually phase out the programme in 1993 to focus on nutrition education for the promotion of growth monitoring, breast-feeding and appropriate weaning foods. Surveillance of the nutritional status of children under five years old will be carried out regularly through surveys. UNICEF will collaborate with selected universities to conduct nutrition surveys on multiple aspects of the conditions of the population at risk, such as socio-economic, demographic, health, nutrition and food

consumption status. Some 5,000 health staff will also be trained in nutrition-related fields.

49. The micronutrient deficiencies project aims to reduce anaemia and iodine deficiency disorders to under 5 per cent of pregnant women and to eliminate vitamin A deficiencies. Micronutrient supplements will be provided for areas with high IMR and MMR. Various training packages will be developed for 1,500 medical and paramedical staff dealing with health services for pregnant women. Facts for Life messages will be used to impart nutrition education to pregnant and lactating mothers. Kitchen gardening will also be introduced in order for families to have access to cheap and fresh food. The nutrition programme will be offered as a complete package in the area-based approach, to be implemented in selected governorates.

Water supply, sanitation and hygiene

50. The components of this programme include the provision of safe drinking water, access to adequate sanitary excreta disposal and the empowerment of mothers with basic knowledge related to personal hygiene and environmental sanitation in order to reduce the incidence of cholera, typhoid and diarrhoea among children.

51. The new programme cycle in 1993 will begin with a review of UNICEF assistance in the water supply and sanitation sector during the emergency and rehabilitation programme. Thereafter, a gradual scaling down of support to larger-scale water supply schemes will occur in favour of smaller projects, with an emphasis on hygiene education. It is expected that by 1995, assistance directed mainly towards hardware-intensive rehabilitation of water networks will be completed. Careful planning and management will be initiated to transform the water supply and sanitation emergency/rehabilitation programme in the post-war period to a regular, ongoing programme emphasizing national capacity-building, community involvement and monitoring systems.

52. The programme will provide the entire package of water supply, sanitation and hygiene education to selected governorates under the integrated area-based approach. Hygiene education training packages will be developed for 10,000 health workers, schoolteachers, parents and children. The production of training materials will be research-based and, after trials in selected areas, will be replicated elsewhere in the country. The Ministries of Interior, Health and Education will be mobilized to cooperate closely in order to develop a common strategy for extension workers and to economize costs by sharing resources whenever possible. Local NGOs will be trained to impart hygiene education to communities.

Education

53. The formal education project seeks to address the needs of primary schoolchildren in 10 per cent of schools in selected governorates by upgrading the quality of teachers. UNICEF will support the training of 100 trainers and 2,500 teachers, especially female primary schoolteachers, and will provide basic, simple educational supplies for students and teachers.

54. The non-formal education project will be developed in accordance with the findings and recommendations of a pilot project carried out in 1992. Surveys will be conducted to identify the areas in need of non-formal education for girls. Local project authorities will be involved in order to build national capacity to conduct surveys. The project will reduce disparities between genders and income groups and increase knowledge of basic life skills among 50 per cent of school-age girls in selected governorates. Priority will be given to the training of 250 female trainers and 2,500 primary schoolteachers and to providing them with communication materials and other educational supplies. Literacy training for 2,000 mothers will be supported to increase awareness of the importance of girls' education and also to enable them to benefit from existing programmes and services.

Early childhood development

55. This programme seeks to address ECD needs arising from four converging trends: changes in the family structure; lower economic standards; the lingering psychological consequences of the two recent upheavals and internal strife; and the lack of facilities for adequate physical and mental development of young children in the 0-6 year age-group.

56. The programme strategy comprises national capacity-building to develop technical self-reliance; raising public awareness regarding trauma and stress among children; and training mothers and schoolteachers to establish home- and community-based rehabilitation activities. This will be achieved through training, provision of supplies and technical assistance, monitoring and evaluation activities and social mobilization. The programme will be composed of two projects, one for day-care centres and the other to provide psycho-social support for children.

57. The day-care centre project aims to improve development of the young child through low-cost, family- and community-based interventions and to provide pre-school education through formal and non-formal means. The objective is to train 50 master trainers, 1,000 child caregivers and 5,000 mothers in urban and rural areas in the fields of day-care and child-care programmes and early detection of child trauma; to establish two day-care centres in Mosul and Basrah; and to develop a unified programme for pre-school education.

58. The project for psycho-social support for children is designed to address the problems of war-related trauma and stress symptoms which became prevalent after the war. Project activities will be implemented by a national centre in Baghdad and two regional centres. The training of master trainers will be carried out at the national centre, while caregivers, schoolteachers and social workers will be trained in schools, nurseries and kindergartens. Mothers and young girls will be trained in the early identification of symptoms of trauma and in home-based rehabilitation measures.

Advocacy and communications

59. This project aims to expand awareness for better health and education needs of children and women in light of the 1990s goals; mobilize the greatest number of persons to contribute to and benefit from maternal and child services; and use communication channels to mobilize community leaders as watchdogs for

children's rights. The advocacy and communication programme will also provide support to other UNICEF-assisted programmes through the production of audio-visual and print materials, posters, leaflets and materials based on Facts for Life. Local writers, artists and craftsmen will be sensitized to issues and concerns of children and women, as identified in the situation analysis.

60. Under the aegis of the National Childhood Welfare Committee, periodic reviews will be held to upgrade the status of children and women and to generate support for developing appropriate projects. Special events will be celebrated to mobilize decision makers and the public to support welfare activities. As this will be a programme cutting across the plan of action, appropriate linkages will be developed with all other programmes through the creation of a multisectoral advisory group under the Ministry of Information. The other members of this group will be the Ministries of Health, Education, Interior, Planning, Labour and Social Affairs, as well as NGOs.

Planning and social statistics

61. As the indicators for the socio-economic conditions in Iraq have changed drastically since the Gulf crisis, planning and monitoring development programmes, especially pertaining for vulnerable groups, has emerged as a major challenge. UNICEF will, therefore, support a national project which aims to plan and monitor achievement of the goals for the year 2000. Working closely with the Mother and Child Unit of the Central Statistical Organization, UNICEF will support the training of statisticians and researchers in order to obtain better gender- and area-specific data that can be used to formulate the NPA and to establish better monitoring and evaluation systems.

62. Research will be undertaken on knowledge, attitudes and practices related to child rearing, women's issues and family welfare in order to sensitize and mobilize communities to support MCH issues and projects. Training activities will promote local-level planning for community participation. Special packages will be developed to train community representatives. Selected officials in high- and mid-level government positions will attend training programmes and be exposed to new approaches in integrated, area-based programming to enable them to implement the country programme more effectively.

63. Although this proposed programme for Iraq is planned in the context of a five-year government perspective, the Executive Board is requested to approve financial allocation for a period of only two years (1993-1994) in the amount of $4 million from general resources and $13 million from specific-purpose contributions. The two-year programme, it is hoped, will offer the opportunity for the transition to a regular country programme as of 1995.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Iraq	(1991 and earlier years)		UNICEF country classification	
Under-five mortality rate	143	(1991)	Very high U5MR	
Infant mortality rate	111	(1991)	High IMR	
GNP per capita	$ ..	(1991)	Lower-middle GNP	
Total population	18.7 Million	(1991)		

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	453	542	717	735
Infant deaths (under 1)	(Thousands)	41	34	28	82
Under-five deaths	(Thousands)	55	44	34	106
Under-five mortality rate (per 1,000 live births)		127	83	48	143
Infant mortality rate (under 1) (per 1,000 live births)		90	63	39	111

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1991)	Moderate & severe	..	12
	Severe	..	2
Babies with low birth weight (%, 1979/1990)		6	15
% of primary school children reaching final grade, 1988)		..	58

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1983)		.. /../ ..	76 / 45 / 19
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1988-1990)		..	128
Food production per capita index (Index 1979-1981=100, 1980/1991)		99	65
Household expenditure (% of total income)	All food/cereals		.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			70
Access to health services	Total	..	93
(% of population, 1986)	Urban/rural	.. / ..	97 / 78
Access to safe water	Total	73*	92
(% of population, 1980/1988)	Urban/rural	97* / 22*	100 / 72
Access to adequate sanitation	Total	..	75
(% of population, 1985)	Urban/rural	.. / ..	100 / 11
Births attended by trained personnel (%, 1985)		..	50*
Maternal mortality rate (per 100,000 live births, 1977-1989)		..	120

Immunization		1981	1985	1990	1991
One-year-olds (%) immunized against:	Tuberculosis	76	82	96	79
	DPT	13	74	75	63
	Polio	16	74	75	64
	Measles	33	22	62	68
Pregnant women (%) immunized against:	Tetanus	4	9	67	45

TABLE 1 (continued)

Iraq

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	115 / 100	96 / 84
(%, 1980/1988)	Male	120 / 100	104 / 90
	Female	109 / 95	87 / 78
Secondary enrolment ratio (gross/net)	Total	57 / 47	47 / 39
(%, 1980/1988)	Male	75 / 62	58 / 48
	Female	38 / 31	37 / 31
Adult literacy rate, 15 years & older	Total	34	60
(%, 1970/1990)	Male/female	50 / 18	70 / 49
Radio/television sets (per 1,000 population, 1980/1990)		158 / 49	205 / 69

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Thousands)	9356	13007	18080	18678	24779
Population aged 0-15 years	(Thousands)	4618	6352	8417	8685	11213
Population aged 0-4 years	(Thousands)	1778	2288	3136	3223	4026
Urban population (% of total)		56	66	72	73	77
Life expectancy at birth	Total	55	62	66	66	69
(years)	Male	54	61	64	64	67
	Female	56	63	67	67	70
Total fertility rate		7.1	6.5	5.9	5.8	5.0
Crude birth rate (per 1,000 population)		48	42	40	39	36
Crude death rate (per 1,000 population)		16	9	7	7	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1974/1989)		14	18
Population annual growth rate	Total	3.4	3.3
(%, 1965-1980/1980-1991)	Urban	5.3	4.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%)		..	..
Inflation rate (%, 1980-1987)		..	30
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure	Health/education	.. / ..	5*/ 3*
(% of total expenditure, 1981)	Defence	..	24*
Household expenditure (% of total income, 1979)	Health/education	2*/1*	
Official development assistance:	$US millions	8	417
(1980/1991)	As % of GNP	..	..
Debt service (% of goods and services exports)		..	..

a/ Indicates data that differ from the standard definition or refer to only part of a country.
* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990–1995 a/

COUNTRY: IRAQ
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $2,850,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1465	242	146		623		433		2667	1630	242	1200	2909	2830
Young child development	6		11				46		63	225		400	63	625
Social mobilization and advocacy	28		79	112	33		26	4	166	655	116	400	282	1055
Planning and social statistics	41		18		3		12		74	340		500	74	840
Emergency	90	28338		720		4345		7492	90	1000	40895	65324	40985	66324
GRAND TOTAL	1630	28580	254	832	659	4345	517	7496	3060	3850 b/	41253	67824 c/	44313	71674

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.

b/ Including $1,000,000 from emergency reserve funds.

c/ Of this amount, $2,020,000 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1993 – 1994

(In thousands of United States dollars)

Country: IRAQ **Period covered: 1993 – 1994**	**Funding status**	**1993**	**1994**	**Total**
Health	GR	875	1045	1920
	NSF	3000	3000	6000
Nutrition	GR	50	60	110
	NSF	300	450	750
Water supply and sanitation	GR	250	150	400
	NSF	950	1500	2450
Education	GR	400	300	700
	NSF	925	1450	2375
Young child development	GR	75	75	150
	NSF	750	500	1250
Advocacy and communication	GR	250	250	500
	NSF	75	100	175
Planning and social statistics	GR	100	120	220
TOTAL	GR	2000	2000	4000
	NSF	6000	7000	13000
GRAND TOTAL		8000	9000	17000

GR = General resources.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

IRAQ

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1993–1994 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	1920			1920					1		1		1	2	222	40	262
Nutrition	110			110													
Water supply and sanitation	400			400													
Education	700			700				1			1				243		
Young child development	150			150													
Advocacy and communication	500			500													
Planning and social statistics	220			220								1	4	5		150	150
TOTAL GR	4000			4000				1	1		2	1	5	8	465	190	655
SUPPLEMENTARY FUNDING																	
Health			6000	6000				1			1			1	243		
Nutrition			750	750									2	2		60	
Water supply and sanitation			2450	2450													
Education			2375	2375													
Young child development			1250	1250													
Advocacy and communication			175	175													
TOTAL SF			13000	13000				1			1		2	3	243	60	303
TOTAL GR & SF				17000				2	1		3	1	7	11	708	250	958
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994–1995)	**Operating costs**			1055													
	Staffing b/						1		1		2	2	7	11	615	1157	1772
GRAND TOTAL (GR + SF + ADM)							1	2	2		5	3	14	22			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1990)														N/A	N/A	N/A
	– At the beginning of proposed programme (1993)										5	3	14	22	N/A	N/A	N/A
	– At the end of proposed programme (1994) **(Indicative only)**										5	3	14	22	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/P/L.16
28 January 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Jordan

The Executive Director recommends that the Executive Board approve the country programme of Jordan for the period 1993-1997 in the amount of $5 million from general resources, subject to the availability of funds, and $5 million in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1990-1992	4
RECOMMENDED PROGRAMME COOPERATION, 1993-1997	7

List of tables

1.	Basic statistics on children and women	15
2.	Expenditure under previous cooperation period, 1990-1992	17
3.	Planned expenditure, 1993-1997	18
4.	Linkage of programme budget and staffing/staff costs	19

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. In 1991, the population of Jordan was estimated at 4.15 million, an increase of 42 per cent since 1980. The population growth rate for the period was 3.2 per cent. Three massive population influxes contributed to the country's high population growth rate: Palestinian refugees numbering 400,000 and 350,000 following the Arab-Israeli wars of 1948 and 1967, respectively, and some 300,000 returnees from Kuwait in 1990-1991 in the wake of the Gulf crisis. Seventy per cent of Jordanians live in settlements of 5,000 persons or more, and the Amman municipality alone accounts for 35 per cent of the total population. The pace of urbanization in Jordan has been dramatic, with the urban population increasing from 35 per cent in 1950 to the current 70 per cent. Over 80 per cent of returnees have settled in the Amman-Zarqa metropolitan region, representing a major increase in population density in these areas.

2. Major economic indicators relating to quality of life and purchasing power of families deteriorated steadily in the late 1980s. The inflation rate increased to 34 per cent, the dinar lost approximately 50 per cent of its value and unemployment climbed to over 30 per cent. It was against this backdrop of economic difficulties that the Gulf crisis struck in August 1990. Virtually overnight, 40 per cent of the country's export markets disappeared, revenues from tourism dried up, aid from the Gulf countries was completely cut off and workers' remittances plummeted. Total losses attributable to the Gulf crisis in the first six months were estimated to be over one third of the 1990 gross national product.

3. During the last three decades, Jordan has witnessed a major decline in infant and child mortality. The infant mortality rate (IMR) fell from 135 per 1,000 live births in 1960 to 40 per 1,000 in 1990, while the under-five mortality rate (U5MR) fell from 217 per 1,000 live births to 48 over the same period. Acute respiratory infections (ARI), low birth weight, improper prenatal and delivery care and congenital malformations are the major contributing factors to infant mortality. Gender disparities in infant mortality are no longer significant.

4. Evidence suggests that ARI is the leading cause of death among infants and the second leading cause of death among children from one to four years of age. A clear national picture of the nature and extent of the ARI problem, however, is not available, as no comprehensive study has been conducted. Diarrhoeal disease-related mortality fell from five deaths per 1,000 cases in 1986 to less than one death per 1,000 cases in 1990. However, in the impoverished Jordan Valley governorates of Balqa and Karak, where water supply and sanitation conditions are poor and summer temperatures very high, the diarrhoeal disease-related mortality for infants stands at 9.6 and 12 per 1,000, respectively. As a result of Jordan's highly successful expanded programme on immunization (EPI), vaccine-preventable diseases have ceased to pose a serious threat to Jordanian children. Diphtheria has been virtually eradicated, while cases of pertussis (whooping cough), tetanus and measles have fallen off dramatically in the last 10 years. Poliomyelitis was considered eliminated until a limited outbreak of 22 suspected cases occurred in early 1992.

5. Increased poverty in the wake of the Gulf crisis has led to the re-emergence of nutrition as an area of concern. In 1991, a national nutrition survey revealed that 16 per cent of Jordanian children were chronically malnourished (stunted) and that 1.6 per cent were acutely malnourished (wasted). The incidence of malnutrition varied considerably across governorates, with the mostly rural, sparsely populated southern governorates of Ma'an, Tafielah and Karak, as well as the northern governorate of Mafraq, showing the highest incidences of both chronic and acute malnutrition. Ninety-three per cent of mothers breast-feed during the first three months, decreasing gradually to 61 per cent by the twelfth month. Two out of three babies three months old or younger are given other liquids, commonly herbal tea or glucose water, or mushy foods. Five of the six central hospitals in Jordan had agreed to implement by the end of 1992 the "10 steps to successful breast-feeding".

6. The Ministry of Health estimated the maternal mortality rate (MMR) in 1990 to be 40 per 100,000 births, down from an estimated 80 per 100,000 births in 1979. No comprehensive national study on maternal mortality has been undertaken. The direct determinants of maternal death are thought to include haemorrhaging, infection, eclampsia and obstructed labour, while high fertility levels and short birth intervals, iron deficiency anaemia and inadequate prenatal and delivery care are thought to be important indirect determinants. One out of four Jordanian mothers still receives no antenatal care, and 13 per cent receive no assistance at delivery from a doctor, nurse or midwife.

7. The total fertility rate declined from 7.7 children per woman in the period 1971-1975 to 7.1 in 1980 and 5.1 in 1990. Birth intervals in 1983 were among the shortest ever recorded: 25 per cent of women gave birth within 18 months of their previous labour, one half within two years and three quarters within three years. The proportion of married women using contraception in 1990 was 35 per cent, up from 26 per cent in 1983. A 1990 survey revealed that 98 per cent of women were aware of at least one method of family planning and that virtually all women also knew that prolonged breast-feeding can reduce the risk of pregnancy. While there is not yet any official government policy on child spacing, family planning services are provided through Ministry of Health maternal and child health (MCH) centres.

8. Rapid progress in the field of basic education has been one of the most prominent features of Jordan's socio-economic development. Basic-level net enrolment rates have increased from 71 per cent in 1969 to 91 per cent in 1990. Quantitative progress in expanding access to basic education, however, has not been matched by qualitative progress: 70 per cent of teachers possess only a two-year community college degree or lower; classroom teaching is typically geared to learning by rote rather than to developing skills of reasoning and inquiry; school curricula typically lack the flexibility to accommodate the needs of children of varying intellectual abilities; and, overall, textbooks are of poor quality and often not consistent with curriculum objectives.

9. The plan of action for education reform calls for complete curriculum reform in an effort to address the problems cited above. A new curriculum, designed to enhance the relevance and utility of subject matter and teaching approaches, is to be introduced in stages and begun with grades one, five and nine in the 1991-1992 school year. The plan of action also involves a

comprehensive programme for publishing 500 new textbook titles over a four-year period, the establishment of a textbook publishing unit in the Ministry of Education and the creation of a national warehousing and distribution system to store and distribute textbooks.

10. Sex differentials in education levels and literacy rates are rapidly disappearing and access to education is now equal at all levels. The female literacy rate was estimated to be 70 per cent in 1990, up from 59 per cent in 1985 and only 29 per cent in 1970. Male literacy rates have increased from 64 to 89 per cent over the same period. Some 1.5 per cent of women have now attained a first or second university degree, while 17 per cent have at least a secondary level education and 58 per cent an elementary level education. The primary enrolment ratio for girls has risen from 59 per cent in 1960 to 92.5 per cent in 1990, a rate 2.1 per cent higher than that for boys. The primary enrolment ratio for boys has remained constant over the same period.

11. Jordan has long been a leader in the Arab world in terms of the promotion of child rights. Jordan officially ratified the Convention on the Rights of the Child on 24 May 1991, with reservation on articles 14, 20 and 21 of the Convention, which relate to choice of religion and adoption rights.

PROGRAMME COOPERATION, 1990-1992

12. Cooperation in the period up to 1990 was primarily health-oriented and included child immunization, the control of diarrhoeal diseases (CDD), safe motherhood and early childhood development. Major interventions included social mobilization and public health education, support to in-service training for medical and paramedical workers and kindergarten teachers, support to health sector policy development and the provision of supplies such as vaccines and syringes, cold-chain equipment and oral rehydration salts (ORS).

13. The programme of cooperation launched in 1990 called for new initiatives in the fields of ARI, basic education and childhood disabilities, as well as a continuation of efforts in EPI, CDD, safe motherhood and early childhood development. The accelerated economic decline, large influx of returnees and increased poverty levels which followed the Gulf crisis, however, had a major impact on UNICEF cooperation and dramatically altered the planned 1990-1994 country programme. Nutrition and income-generating projects for the poor were added and support in the fields of EPI, CDD and MCH was expanded substantially. The general aim of the expanded UNICEF programme was to target all needy Jordanian children, regardless of origin, rather than to focus specifically on returnees who are widely dispersed and well absorbed into Jordanian family structures.

14. From the beginning of August 1990 until April 1991, the Jordan country office carried out a major emergency operation, first dealing with an influx of over 1 million third country nationals fleeing Iraq and Kuwait and then preparing for an expected additional influx when armed conflict broke out. UNICEF worked in close cooperation with the Government and numerous local and international agencies in carrying out the highly successful and efficiently run repatriation effort. The many partnerships forged during the evacuee emergency at government and non-governmental levels, as well as the

substantially increased profile and credibility UNICEF gained, have created new opportunities and enhanced UNICEF ability to meet the needs of the thousands of vulnerable Jordanians severely affected by the Gulf crisis.

15. In December 1990, UNICEF conducted a rapid assessment which suggested that nutrition was re-emerging as a potential problem; it then became a major new component of UNICEF cooperation in 1991. As a follow-up, in December 1991 UNICEF supported the Department of Statistics and the Ministry of Health in the first comprehensive nationwide nutrition survey carried out since 1963. The results of the survey will serve as the basis for the development of nutrition policies in the coming decade. In addition, in July 1990, UNICEF began a supplementary feeding programme for children under five years of age in 17 selected southern communities especially hard-hit by the economic decline. The programme is serving as an entry point for the dissemination of nutrition and basic health information in the participating communities and will be the starting point for an integrated area-based programme for the southern part of the country. The active promotion of breast-feeding, nutrition education for MCH centre staff and other public health workers, the provision of diet supplements for pregnant and lactating women and the promotion of growth monitoring were other major activities carried out in the nutrition sector.

16. Income generation for vulnerable women was another new area of cooperation initiated in the aftermath of the Gulf crisis. With unemployment levels estimated to be nearing 30 per cent and with thousands of newly jobless Jordanians pouring back into the country, the creation of income- and employment-generating activities for the poor became a major priority. The UNICEF approach stressed assessing viability and needs of the income-generating sector as a whole, rather than individual project support. The major activity in the programme in its initial stages was a baseline survey of income-generating projects supported by non-governmental organizations (NGOs) in operation in poorer communities in the country. The survey found that the projects in general were not self-sustaining and concluded that if such projects are to become economically viable they will require assistance in three main areas: management, production and marketing. UNICEF also provided support to the establishment of a revolving loan fund for small-scale income-generating projects in the rural south and to the assessment of the impact of income-generating activities on the health and social status of participating women and their families.

17. The Ministry of Health budgetary shortfalls necessitated an expansion of assistance in the fields of EPI and CDD. In EPI, the planned phasing out of provision of materials did not occur, and UNICEF continued to provide all vaccines, needles, syringes and cold-chain equipment required for the programme. UNICEF also continued to support social mobilization and training efforts and the improvement of EPI monitoring. Likewise, in CDD, UNICEF provided the country's entire supply of ORS and supported awareness-raising campaigns and the training of health personnel.

18. The control of ARI project, initiated in 1990, assisted the new Ministry of Health ARI Unit in establishing a standardized schedule for the treatment of mild, moderate and severe cases of ARI, according to World Health Organization (WHO) guidelines. UNICEF provided technical and material assistance for the training of medical and paramedical staff and supported nationwide social

mobilization campaigns designed to raise community awareness of ARI prevention and treatment. UNICEF also provided technical support to the development of a detailed recording system for ARI, supported the creation of a list of essential drugs for ARI treatment and provided ARI diagnostic charts and essential paediatric antibiotic syrups to health centres throughout the country.

19. The major UNICEF intervention in the education sector has been support for the development and implementation of the action-oriented school health project. The project involves training teachers in innovative means of communicating basic, Facts for Life-type health messages to children and promotes the concept of children as "health extension workers" in their homes and communities. Implementation of the project proceeded well in its initial stages, despite the burden of the returnee students and budgetary pressures faced by the Ministry of Education. UNICEF supported the development of teacher-training guidelines, specialized action-oriented school health teacher training and the development of systems for monitoring and evaluating project progress. Extending the experience and approach to other vital life skills areas will be an important focus of education sector interventions in the 1993-1997 programme cycle.

20. There was a marked acceleration of activities in the early childhood development project. UNICEF supported the training of early childhood specialists, as well as efforts aimed at mobilizing local NGOs and community groups to provide space and resources for community-based day care. As a first step in unifying standards, a manual for teachers of pre-school-age children, focusing on the intellectual, cognitive and psycho-social development of young children, was produced and put into use at teacher-training sessions. Moving beyond established involvement with centre-based day care, UNICEF also began to focus on increasing family capacity for meeting early childhood development needs. Discussions related to the importance of improved parenting for optimum development of the young child and relevant advice to parents were incorporated into women's literacy and vocational training classes. Work was completed on an early childhood development manual for mothers, to be distributed at literacy classes and through health centres. Enhancing family capacity to meet the early development needs of children in the home will be the central thrust of future UNICEF efforts in the field of early childhood development.

21. Activities in the field of safe motherhood were given added impetus. A multisectoral national committee was established to implement the recommendations of the joint Ministry of Health/United Nations Population Fund (UNFPA)/UNICEF safe motherhood symposium held in 1989. UNICEF provided technical support to efforts aimed at incorporating family planning and safe motherhood issues into the curricula of preparatory schools and women's health education classes, as well as to conduct of a social mobilization campaign carrying for the first time direct messages regarding child spacing. UNICEF also supported the development of a brochure for illiterate and semi-literate mothers, entitled "Your Child and Its Health", which presents pictorially the range of services available at MCH centres and why it is important for mothers to attend the centres on a regular basis. The brochure is the first of its kind in Jordan. Finally, UNICEF supported the training of traditional birth attendants (TBAs) on safe delivery practices and the identification of high-risk factors.

22. The lessons derived from past programmes have contributed to the evolution in focus and in strategies adopted for the coming country programme cycle. High national coverage rates already achieved in both health and education services, as evidenced by rapidly falling mortality rates, by the achievement of universal child immunization in 1988 and by high school enrolment rates, now require a sharper focus on qualitative, not just quantitative, indicators of social progress. The 1991 national IMR, EPI and nutrition surveys highlighted the need to disaggregate national averages and to target more specifically both rural and urban areas that have poor coverage or a high incidence of problems. Such findings were reinforced by assessments of the social and economic impact of the Gulf crisis and by the consequences of rapid urban growth. In education, the quality of teachers, the quality and relevance of learning taking place in the classroom and the assessment of learning achievement will assume greater importance. For out-of-school children, the Facts for Life approach needs to be broadened to encompass the crucial issues of population growth and family planning, environmental protection, reduction of gender stereotyping and other prejudices, and the dissemination of the principles of the Convention on the Rights of the Child.

RECOMMENDED PROGRAMME COOPERATION, 1993-1997

Recommended general resources: $5,000,000

Supplementary funding: $5,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 370	1 390	3 760
Education	1 180	1 530	2 710
Integrated area-based development	540	1 165	1 705
Advocacy and planning	230	795	1 025
Programme support	680	120	800
Total	5 000	5 000	10 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

23. The country programming process has coincided with the planning phase for formulating the national programme of action (NPA). The National Conference on Children held in May 1992 created a partnership from all walks of national life to collaborate on the NPA so that it can be incorporated into the 1993-1997 national plan, with which the UNICEF programme of cooperation coincides. Strategy and preview meetings brought together both government and non-governmental partners to review future cooperation with UNICEF in Jordan.

Country programme overview

24. Based on the priority problems identified in the situation analysis and within the context of the recently elaborated NPA, the following will be the major goals for the 1993-1997 UNICEF programme of cooperation: (a) to reduce IMR from 37 to 25 per 1,000 live births and U5MR from 47 to 35 per thousand live births; (b) to reduce MMR from 40 to 25 per thousand live births; and (c) to empower all Jordanians with the basic knowledge and skills needed to live healthy lives and to become contributing members of their communities.

25. The 1993-1997 UNICEF country programme for Jordan has four broad, interrelated components: health; education; integrated area-based development; and advocacy and planning. It has been developed on the basis of the priority problems identified in the situation analysis and will be placed clearly within the framework of wider national efforts to achieve the goals for children in the 1990s.

26. The strategic approaches of the new programme are: (a) capacity-building through training and technical support, with an emphasis on improving monitoring, reporting and information systems and on increasing the effectiveness and efficiency of social services; (b) reducing disparities among governorates and giving priority to vulnerable populations by reinforcing partnerships with national NGOs and community self-help groups; and (c) empowering families by making available essential knowledge for living and by advocating implementation of the principles of the Convention on the Rights of the Child.

27. Since 1990, donor interest in Jordan has increased, resulting in the growth in available supplementary funds. The proposed amount of supplementary funding for the upcoming country programme will permit the acceleration of national coverage of health and education programmes, the introduction of innovative knowledge-for-living activities and the expansion of subnational activities targeted at disadvantaged populations in specific urban and rural areas.

Health

28. The MCH programme will comprise five interrelated projects: control of ARI; safe motherhood; child nutrition; CDD; and control of vaccine-preventable disease through EPI.

29. The control of ARI will be aimed at reducing ARI-related mortality among children under five years of age by 50 per cent. This will be done by raising awareness levels regarding ARI prevention and the importance of prompt detection and referral; establishing standardized case management for ARI at all health centres; and developing baseline data and a surveillance system.

UNICEF will provide support for information sessions and seminars on standardized case management for the Pharmacists' and Paediatrics' Associations, participate in the production of a physician's manual on technical guidelines for ARI case management and be involved in the establishment of special ARI training units to train doctors in these guidelines. Finally, UNICEF will assist in the development of visual aids and printed materials on ARI directed towards caregivers and support the production of television, radio and print media spots on ARI prevention and treatment.

30. The child nutrition project seeks to reduce by 50 per cent the incidence of malnutrition among children under five years of age through the promotion of breast-feeding, growth monitoring, nutrition surveillance and nutritional awareness. In terms of service coverage, the project objective is to increase to 95 per cent the proportion of women breast-feeding exclusively for the first four to six months and continuing to breast-feed with adequate complementary foods for up to two years. UNICEF will support the production of promotional spots on breast-feeding for the mass media, the creation of simple, pictorially based pamphlets and posters providing breast-feeding and nutrition information to caregivers and the training of medical and paramedical personnel in the "10 steps to successful breast-feeding". UNICEF will also support the incorporation of growth monitoring and the use of child growth charts into training programmes for health staff and provide growth monitoring cards and charts for use both in health centres and in the home. Finally, UNICEF will sponsor education sessions for mothers at first-level health facilities on growth monitoring and the use of growth cards.

31. The objective of the safe motherhood project is to contribute to the reduction of maternal mortality and morbidity by 50 per cent by increasing the quality and utilization of prenatal, delivery and postnatal care and by promoting family planning. It also seeks to reduce by half the incidence of anaemia through diet supplementation for pregnant and lactating women. UNICEF will support training programmes for medical and paramedical personnel, midwives and TBAs, focusing on safe delivery practices and identification of high-risk factors. UNICEF will also support efforts aimed at developing a system to monitor at-risk mothers; an important component of this is the use of women's health cards to provide a record of prenatal care. With respect to family planning, UNICEF will support the production of mass media spots and educational materials aimed at translating the already high level of knowledge regarding contraception and contraceptive methods into higher rates of contraceptive use. UNICEF will advocate the inclusion of a component on family planning in the training curricula for health staff and support separate training programmes in family planning techniques and birth control counselling for midwives and TBAs.

32. The CDD project will be aimed at reducing diarrhoeal disease-related mortality from 0.5 to 0.3 per 1,000 cases and the average number of episodes from 1.2 to 0.8 per child annually. This is expected to be achieved through the promotion of correct case management within the home and among private sector physicians and through advocating proper home and community hygiene practices. UNICEF will continue to support yearly national awareness-raising campaigns on diarrhoeal diseases, their causes and proper treatment, with a particular focus on the governorates of Balqa, Karak and Zarqa, where diarrhoeal disease-related mortality rates remain high. UNICEF will also

support the establishment of oral rehydration therapy (ORT) corners, where health workers can demonstrate to mothers how to mix ORS at all first-level health facilities in the priority governorates. Information sessions and seminars for community workers and local NGOs in towns and major villages of the priority governorates will also be assisted by UNICEF. Finally, UNICEF will work with the Paediatrics' and Pharmacists' Societies in carrying out workshops and information sessions for private sector health administrators, medical practitioners and pharmacists, stressing the importance of ORT and rational drug usage.

33. The control of vaccine-preventable diseases project will support maintaining low levels of vaccine-preventable disease morbidity and mortality through continued awareness-raising campaigns and in-service training of health workers, better integration of private and public sector EPI programmes and strengthening the routine EPI reporting system. Special emphasis will be placed on raising to more than 95 per cent the coverage levels for three doses of combined diphtheria/pertussis/tetanus vaccine, three doses of oral polio vaccine and measles for children under one year of age, and to 90 per cent the coverage of tetanus toxoid among women of child-bearing age. In light of the severe budgetary pressures currently being experienced by the Ministry of Health, UNICEF will support in the short term the timely delivery of vaccines, needles and syringes, cold-chain equipment and other EPI supplies to all of the country's permanent and mobile vaccination centres. Finally, UNICEF will work with the Medical Syndicate in providing seminars and information sessions for private sector health administrators and physicians aimed at standardizing the private sector EPI programme and bringing it more closely into line with its public sector counterpart.

Education

34. The education programme will comprise two projects: early childhood development and formal basic education.

35. The early childhood development project will promote optimal cognitive, emotional and psycho-social growth among young children, both at home and in the community. UNICEF cooperation will focus on providing at least 90 per cent of parents and caregivers, through positive examples and role models, with a variety of strategies and resources for enhancing their children's development through the first six years of life. One key element will be the production of a set of broadcast-quality videos and radio programmes on the physical well-being and normal development of the child in the first six years of life. Videos will be used both on national television and in community-based parent orientation activities; they will be accompanied by a leaders' guidebook for professionals and paraprofessionals working with parents and by a parents' guidebook suggesting home-based activities and containing childhood development assessment guides. These home-centred approaches will be supplemented by activities to expand access to community-supported child-care facilities and to upgrade the quality of preschool day care through in-service teacher training. Radio broadcasts will be used to reach families without access to television or community video.

36. The formal basic education project will improve the quality, efficiency and effectiveness of basic formal education and ensure that all graduates of

the system have the knowledge and life skills necessary to become functional, contributing adults. UNICEF cooperation will focus on improving the relevance of learning through the incorporation of knowledge and skills for healthy living into basic school curricula and the incorporation of teaching/learning modules centred on the development of self-esteem, cooperative behaviour, interdependence and respect for diversity and equity. UNICEF will work with the Teacher Training Unit of the Ministry of Education to improve in-service teacher training, providing technical assistance to the development of a prototype curriculum and pedagogic materials centred on interactive teaching/learning approaches and supporting the training of trainers. Finally, UNICEF will provide technical and material assistance in the development of competency- and cognitive-based achievement exams consistent with international testing standards and will support a study examining the location and characteristics of children outside the formal education system.

Integrated area-based development

37. The area-based programme for the disadvantaged child comprises two projects: the urban child project and the rural child project.

38. The urban child project will be based in six needy areas of the Amman municipality. In the initial stages of the project, government and municipal services in the capital city of Amman will be supported to improve the quality of health and education services to the urban poor, particularly through in-service training of health workers and teachers. The project will also support the strengthening of community outreach services. Cooperation with NGOs and community groups will focus on expanding community social services and self-help capacity, including support to day-care facilities, nutrition and health education, skills training for women and clubs or drop-in centres for urban youth. Support will also be given to the development of mechanisms for linking and integrating the activities of the various government and local organizations serving the needs of the target areas. In conjunction with these efforts, a Facts for Life education outreach strategy, using both mass media and community networks, will focus on strengthening parenting skills, family planning, health and nutrition education and environmental hygiene, as well as on prevention of accidents to children in the home and community.

39. The rural child project will centre on the small rural communities and nomadic populations of the southern Ma'an governorate and will build on the collaboration initiated in 1991. Health workers will receive communication skills training and upgrading of technical knowledge in family planning, nutrition and communicable disease control. A system of outreach involving women volunteers will be put in place to provide all households with basic health information, to follow up on pregnancies, to monitor the health status of children under five and, generally, to act as a liaison between the home and the local primary health care centre. A baseline survey examining the demands and needs of women for knowledge and skills for living will be conducted and, based on the results, local community centres will be supported to consolidate their women's literacy, parenting skills and early childhood development activities. The women's skills training programme will also focus on developing and upgrading income-generating skills and agriculture and animal husbandry.

40. Enhancing the viability, scope and profitability of income-generating activities for women will be an important component of both projects. Support will be provided for the creation of a small pilot non-profit consultancy group of business persons with expertise in management, production and marketing to provide advice and training; the development of materials linking training in income-generating skills with general skills for living; the conduct of market surveys and women's skills assessments; assessments of the impact of income-generating activities on the health and social status of participating women and their families; and a revolving loan fund for rural women.

Advocacy and planning

41. The advocacy and planning programme will comprise two projects: child rights and information systems and database development.

42. The child rights project will be aimed at increasing societal concern for the rights of children and at extending to all Jordanians information regarding the Convention on the Rights of the Child and its relevance in the Jordanian context. The project also aims to improve the conditions of, and societal attitudes towards, women and disabled children. UNICEF will support seminars for policy makers and community leaders on child rights, provide technical support to efforts aimed at incorporating the Convention into the country's legal system and planning process and work with the Ministry of Education in developing Convention-related learning materials, books and activities for the classroom. With respect to disabled children, UNICEF will support information sessions and workshops for community leaders, local NGOs and private sector firms and industries in an effort to promote community approaches to the integration of disabled children. UNICEF will also support specialized teacher training and the development of programmes for integrating mildly disabled children into the regular school system. Finally, with respect to gender stereotyping, UNICEF will support awareness-raising campaigns and the production of information materials aimed at educating caregivers on how to avoid gender stereotyping in the home. Collaboration with educators will centre on the development of gender-neutral games and learning materials for the classroom.

43. The information systems and database development project will focus on continued advocacy for children within national development plans and strategies, and in particular for the incorporation of the NPA for children currently being prepared into the 1993-1997 five-year national plan. The project will also support expanding disaggregated and subnational baseline data on children and developing ongoing systems to monitor and evaluate progress in achieving the goals for children in the 1990s. Finally, the project will involve the establishment of an information unit charged with gathering and updating all relevant information pertaining to the health and socio-economic status of children and women. The unit's work will be used in policy discussions and future programme development and will form the basis for papers, publications and other materials designed to increase awareness of existing and emerging problems and to mobilize appropriate action.

Monitoring and evaluation

44. Monitoring progress and evaluating achievements versus objectives will be important components of all programme interventions. Monitoring and evaluation will take place through routine reporting systems, feedback from outreach workers, regular limited-scale rapid appraisals and occasional national surveys. It will be based on a list of major indicators for each programme area developed by UNICEF and its counterparts. Annual programme reviews will be conducted during the last quarter of each calendar year under the coordination of the Ministry of Planning and with the participation, as and where appropriate, of United Nations agencies and other concerned parties. These reviews will form the basis of annual adjustment and resource allocation for the project plans of action. Prior to the mid-term review planned for mid-1995, three major evaluations will be undertaken in 1994: one combining a disaggregated assessment of IMR, EPI, CDD and ARI rates and efficacy of health service delivery; one on learning achievement in schools; and one on progress in the acquisition by the family of essential knowledge for living, assessed against specific indicators. Programme management and project implementation experience will also be evaluated as part of the mid-term review of trends and progress towards objectives and of the effectiveness of strategies adopted. The situation analysis of children and women will be updated regularly and will provide a further basis for the mid-term and annual reviews of the country programme.

Inter-agency cooperation

45. The programme of cooperation will be complementary to the activities of other United Nations agencies active in Jordan. Health interventions will involve continued close collaboration with WHO and increased cooperation with UNFPA, particularly in the fields of family planning and safe motherhood. Activities in the nutrition sector will be conducted in collaboration with the World Food Programme. The United Nations Development Programme and the International Labour Organisation will be important partners in expanding income-generating opportunities for women in urban and rural target areas. The United Nations Educational, Scientific and Cultural Organization will continue to be an important partner in the action-oriented school health project, in-service teacher training and other interventions in the education sector. Other international partners will include Save the Children Fund and the Cooperative for American Relief Everywhere, Inc. in the fields of income generation and area-based programming, and the United States Agency for International Development, in the field of family planning. Increased emphasis will be placed on cooperation with national and local NGOs in all fields as part of a strategy to develop private sector and community self-help capacity in the face of government budgetary constraints. Major national NGO partners will include the Queen Alia Fund, the Noor Al-Hussein Foundation, the Population Council and the General Union of Voluntary Societies (an umbrella organization for some 250 NGOs).

Programme management

46. A number of changes will be made in the office structure to reflect the demands of the new country programme. The most important will be the replacement of a programme officer post with a communication and information

officer post to reflect the central importance of communication, awareness-raising and the promotion of essential life skills and knowledge in the new country programme. The new post will assume responsibility for the development of communication strategies and the design of appropriate activities in support of advocacy and awareness-raising. An assistant project officer post was added in 1992 to cover health programmes and the area-based programme for the urban child in the new country programme. Finally, the post and responsibilities of the Amman area office representative and deputy regional director will be separated to create the new full-time post of area representative in order to ensure that the increased demands of the new country programme in Jordan are efficiently and effectively met.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Jordan (1991 and earlier years)			UNICEF country classification
Under-five mortality rate	46	(1991)	Middle U5MR
Infant mortality rate	39	(1991)	Middle IMR
GNP per capita	$ 1120	(1991)	Lower-middle GNP
Total population	4.2 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	117	123	159	165
Infant deaths (under 1)	(Thousands)	11	7	6	6
Under-five deaths	(Thousands)	13	9	8	7
Under-five mortality rate (per 1,000 live births)		120	75	48	46
Infant mortality rate (under 1) (per 1,000 live births)		92	60	40	39

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1990)	Moderate & severe	..	6
	Severe	..	1
Babies with low birth weight (%, 1979/1990)		5	7
% of primary school children reaching final grade, 1988)		..	95

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1976/1990)	84 /64/ 48	93 / 80 / 61
Prevalence of wasting (%, 1990)	..	3
Prevalence of stunting (%, 1990)	..	21
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	111	110
Food production per capita index (Index 1979-1980=100, 1980/1990)	116	108
Household expenditure All food/cereals (% of total income, 1980-1985)		35 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			77
Access to health services	Total	..	97
(% of population, 1985)	Urban/rural	.. / ..	98 / 95
Access to safe water	Total	89	99
(% of population, 1980/1988)	Urban/rural	100 / 65	100 / 98
Access to adequate sanitation	Total	74	61
(% of population, 1980/1985)	Urban/rural	94 / 34	92 / ..
Births attended by trained personnel (%, 1986-1990)		..	87
Maternal mortality rate (per 100,000 live births, 1979/1990)		48 a/	40*

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	..	..	..	..
	DPT	81	53	92	91
	Polio	87	54	92	91
	Measles	40	39	87	83
Pregnant women (%) immunized against:	Tetanus	2	52	47	..

TABLE 1 (continued)

Jordan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%,1980/1990)	Total	104 / 93	.. / 91*
	Male	105 / 94	.. / 90*
	Female	102 / 91	.. / 92*
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	76 / 68	.. / ..
	Male	79 / 70	.. / ..
	Female	73 / 60	.. / ..
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	47	80
	Male/female	64 / 29	89 / 70
Radio/television sets (per 1,000 population, 1980/1990)		183 / 59	254 / 81

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Thousands)	2299	2923	4009	4147	5624
Population aged 0-15 years	(Thousands)	1114	1537	1884	1943	2587
Population aged 0-4 years	(Thousands)	437	546	686	715	961
Urban population (% of total)		51	60	68	70	74
Life expectancy at birth	Total	54	62	67	67	70
(years)	Male	53	61	65	66	68
	Female	56	64	69	69	73
Total fertility rate		7.9	7.1	5.9	5.8	5.0
Crude birth rate (per 1,000 population)		51	42	39	39	37
Crude death rate (per 1,000 population)		18	9	6	6	5

		About 1980	Most recent
Contraceptive prevalence rate (%, 1976/1990)		25	35
Population annual growth rate (%, 1965-1980/1980-1991)	Total	2.6	3.2
	Urban	5.3	4.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1970-1980/1980-1991)		5.8	-3.3
Inflation rate (%, 1980-1988)		..	2
Population in absolute poverty (%, 1977)	Urban/rural	14 / 17	.. / ..
Household income share (%)	Top 20%/bottom 40%	../ ..	.. / ..
Government expenditure	Health/education	4 / 10	6 / 14
(% of total expenditure, 1979/1989)	Defence	26	23
Household expenditure (% of total income, 1980-1985)	Health/education	5 / 8	.. / ..
Official development assistance:	$US millions	1275	668
(1980/1991)	As % of GNP	37	17
Debt service (% of goods and services exports, 1980/1990)		7	22

a/ Indicates data that differ from the standard definition or refer to only part of a country.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1992 a/

COUNTRY: JORDAN
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $2,500,000 b/

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	678	212	156		1		158		993	1458	212	1000	1205	2458
Education	71		142				10		223	417		250	223	667
Young child development	195		11		14		25		245	315		250	245	565
Social mobilization and advocacy	17				190		167		374	310			374	310
Emergency		4208		109		142		1993			6452	8061	6452	8061
GRAND TOTAL	961	4420	309	109	205	142	360	1993	1835	2500	6664	9561 c/	8499	12061

GR = General rewsources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.

b/ Original approved for 1990-1994.

c/ Of this amounts, $1,500,000 remains unfunded.

/...

TABLE 3. PLANNED EXPENDITURE, 1993 – 1997

(In thousands of United States dollars)

Country: JORDAN Period covered: 1993 – 1997	Funding status	1993	1994	1995	1996	1997	Total
Health	GR	450	470	475	495	480	2370
	NSF	265	265	270	295	295	1390
Education	GR	255	250	245	215	215	1180
	NSF	300	300	300	315	315	1530
Integrated area–based programme	GR	120	105	100	105	110	540
	NSF	240	245	250	215	215	1165
Advocacy and planning	GR	45	45	45	45	50	230
	NSF	170	165	160	150	150	795
Programme support	GR	130	130	135	140	145	680
	NSF	25	25	20	25	25	120
TOTAL	GR	1000	1000	1000	1000	1000	5000
	NSF	1000	1000	1000	1000	1000	5000
GRAND TOTAL		2000	2000	2000	2000	2000	10000

GR = General resources.
NSF = New supplementary funding.

/...

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

JORDAN

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1993–1997 (In thousands of US dollars)				POSTS a/ and b/									TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
					EXISTING POSTS						SUBTOTAL						
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	2370			2370									2	2		310	310
Education	1185			1185									1	1		100	100
Integrated area–based programme	540			540								1	1	2		330	330
Advocacy and planning	225			225									1	1		100	100
Programme support	680			680									3	3		360	360
TOTAL GR	5000			5000								1	8	9		1200	1200
SUPPLEMENTARY FUNDING																	
Health			1390	1390								1		1		230	230
Education			1530	1530													
Integrated area–based programme			120	120													
Advocacy and planning			1165	1165													
Programme support			795	795													
TOTAL SF			5000	5000								1		1		230	230
TOTAL GR & SF				10000								2	8	10		1430	1430
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994–1995)	**Operating costs**			552													
	Staffing b/						1				1	3	7	11	253	673	926
GRAND TOTAL (GR + SF + ADM)							1				1	5	15	21			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1990)										2	1	10	13	N/A	N/A	N/A
	– At the beginning of proposed programme (1993)										1	5	15	21	N/A	N/A	N/A
	– At the end of proposed programme (1997) **(Indicative only)**										1	5	15	21	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/P/L.17
25 February 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Yemen

The Executive Director recommends that the Executive Board approve the country programme of Yemen for the period 1994 to 1998 in the amount of $12,500,000 from general resources, subject to the availability of funds, and $12,000,000 in supplementary funds, subject to availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1987-1992	5
RECOMMENDED PROGRAMME COOPERATION, 1994-1998	8

List of tables

1.	Basic statistics on children and women	16
2.	Expenditure under previous cooperation period, 1990-1993	18
3.	Planned expenditure, 1994-1998	19
4.	Linkage of programme budget and staffing/staff costs	20

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The unification of the People's Democratic Republic of Yemen and the Yemen Arab Republic in May 1990 established the most populous country on the Arabian peninsula, with the total population estimated at 11.6 million, comprising 9.3 million in the north and 2.3 million in the south. With the influx of some 800,000 returnees as a result of the Gulf crisis of 1990-1991, the population of Yemen grew to approximately 12.1 million. It is predominantly rural, with only 30 per cent living in urban areas. However, urbanization has been proceeding at a rate of almost 10 per cent per annum. Current trends in migration indicate that by the year 2000, 38 per cent of the population will reside in urban areas.

2. The high annual population growth rate, estimated at 3.4 per cent in 1991, reflects a combination of high fertility (7.3) and declining mortality, which has begun to erode many of the social and economic gains made over the past decade. At the current rate of growth, the population will reach over 22 million by the year 2010.

3. The infant mortality rate (IMR) in 1991 was estimated at 110 per 1,000 live births. This represents a 38 per cent decline over the last two decades. Disparity in IMR among governorates is significant and ranges from 171 in Jawf to 95 in Aden and 100 in Abyan and Taiz. The under-five mortality rate (U5MR) has also declined, from 293 to 180 per 1,000 live births in 1991. Despite this major improvement, the situation of children remains precarious.

4. With the highest IMR and U5MR in the Middle East, if current mortality trends continue, approximately 1 million infants and young children will die in Yemen during the 1990s. Almost two thirds of all child deaths occur due to a combination of malnutrition and infection in the first 12 months.

5. Diarrhoea and associated dehydration are recognized as the leading cause of infant and child mortality, responsible for almost 30 per cent of child deaths. The high mortality rate associated with diarrhoea is due primarily to a lack of family knowledge of, or access to, oral rehydration therapy (ORT) and the continued reliance on antibiotics and other marginally useful or ineffective drugs. Reducing the amount of food provided to children with diarrhoea is a common problem throughout Yemen, whereas the restriction of fluids is less widespread. While mothers recognize diarrhoea as a serious health problem, fewer than 50 per cent are aware of the benefits of oral rehydration salts (ORS). Although nationwide statistics are unavailable, regional data suggest that acute respiratory infections (ARI) are the second leading cause of death among children.

6. Vaccine-preventable diseases are also major causes of mortality among children in Yemen. Although the prevalence of these diseases has been difficult to quantify due to the absence of a national disease surveillance system, studies confirm that deaths from measles, diphtheria and poliomyelitis contribute significantly to the high child mortality and morbidity rates. Major progress has been achieved during the last four years in increasing the number of children protected by immunization. From less than 10 per cent coverage in 1987, the country achieved the goal of universal child immunization (UCI) in 1990 in all antigens except measles. During 1991 and 1992, however,

immunization coverage rates decreased substantially, due mainly to the deterioration of the economy following the Gulf crisis.

7. Widespread malnutrition and undernutrition among children is an important contributing factor to mortality and morbidity in Yemen. The national average for low-birth-weight babies is estimated at 19 per cent, with figures ranging between 7 and 35 per cent. A 1979 national nutritional survey estimated malnutrition at 67 per cent which has shown little improvement since then. Community-based studies indicate that 25 to 50 per cent of children below 3 years of age are malnourished to some degree, which is indicative of poor infant feeding practices and a decline in breast-feeding. Furthermore, local studies suggest that diarrhoea-related morbidity is highest among the 7- to 24-month age-group and that rural children have, on average, five episodes of diarrhoea per year.

8. In addition to protein-energy malnutrition, community studies confirm that micronutrient deficiencies are common among children. A 1992 survey conducted by the Government, UNICEF and Helen Keller International in the Tihama region reported levels of xerophthalmia in children three times the acceptable level, as determined by the World Health Organization (WHO). The survey also indicated a high prevalence of iodine deficiency among children.

9. The maternal mortality rate (MMR) in Yemen is reported to be extremely high, ranging from 300 to 1,000 per 100,000 live births. This helps to explain why, unlike in most other countries, life expectancy for females in Yemen is lower than for males. It is estimated that 62 per cent of maternal deaths are due directly to obstetric causes. Obstetric facilities in most hospitals and health centres are either unavailable or very limited. Most women with high-risk pregnancies, estimated at 10 per cent, have no access to maternal health services or to trained traditional birth attendants (TBAs). Long distances to health facilities and strong social traditions prevent women from seeking medical attention.

10. Another major cause of maternal mortality is the early age of marriage and early child-bearing. In Yemen, approximately 19 per cent of girls are married before the age of 20. Unregulated and unwanted pregnancies also increase the risk. Contraception use is below 5 per cent, but surveys suggest that the demand for contraceptives far outweighs the supply. Access to family planning services would reduce maternal mortality and have a positive impact on child survival.

11. The low level of development of the health services and the lack of trained health workers are major factors contributing to the poor health standards in the country. While there are almost 30,000 villages in Yemen, there are only 392 health centres and 1,200 primary health care (PHC) facilities. Recent studies confirm that national PHC coverage in 1991 was barely 40 per cent. Due to shortages of female health workers, only 25 per cent of health facilities offer maternal and child health (MCH) and family planning services. As the number of trained TBAs is estimated at 800, most deliveries are conducted in villages by untrained persons. Most villages are located in inaccessible areas and many rural families rely on accessible forms of traditional medicine rather than travel long distances to the nearest government health centre.

12. The number of medical doctors employed in the country is 2,573, 30 per cent of whom are expatriates. The majority of specialized health manpower is in urban centres and in the most developed governorates. Available data indicate that 50 per cent of specialized health workers and 48 per cent of doctors are employed in Sana'a City and Aden Governorate, serving 20 per cent of the total population.

13. The provision of health and other services to communities in Yemen is severely hampered by high centralization of administration and verticality of programmes. This leaves only a minor role for administrators at the district and service delivery level, resulting in poor replenishment of stocks and lower quality of services. However, unification of the north and south has initiated a process of decentralization of the health system administration and is expected to improve the situation.

14. Yemen suffers from serious shortages in its water supply. The high population growth rate, rapid urbanization and new irrigation projects upset the established balance between supply and demand. With safe water accessible to only 56 per cent of urban dwellers and 30 per cent of rural communities, groundwater reserves are in danger of being depleted. Rural water sources are not protected from contamination. Such practices as communal handwashing in a single container and the use of a single towel by several persons are common in rural areas.

15. Remarkable progress has been achieved since attaining independence in the late 1960s. The combined education system of unified Yemen now offers access to primary education for about 90 per cent of communities. City schools are large and well-designed. Rural schools, although sometimes barely adequate, are built mostly by the communities themselves.

16. However, the presence of a school in a village does not guarantee high attendance. Only 6 out of 10 children attend primary school, and of these, only two are girls. About 92 per cent of six-year-old boys start school, while the corresponding figure for girls is 56 per cent; and since girls drop out of school at a faster rate than boys, the absolute and relative numbers of illiterate Yemeni women are rising. The lack of female teachers and a critical shortage of classroom space are the major constraints to girls' education as the presence of female staff and the proximity of schools largely determine the level of school enrolment of girls in rural areas. While 80 per cent of Yemenis live in the countryside, over one half the total enrolment in general education is in towns. The quantitative expansion of the education system has lowered overall quality owing to insufficient funds for schools, classrooms, qualified teachers, furniture, books and teaching materials.

17. Traditionally, the system depended heavily on the employment of expatriate teachers funded by neighbouring countries. As a consequence of the Gulf conflict, however, this support was withdrawn in 1991 and the Government had no option but to draft 25,000 secondary school graduates into the primary school teaching force; of these, fewer than 200 were women. At present, therefore, the teaching force in rural areas, where the majority of the population live, comprises mainly unqualified, untrained and inexperienced young men. The difficulty in unifying the education systems of the two former republics, which

differed widely, has remained a problem. One major change has been the adoption of a country-wide, nine-year cycle of basic education, followed by three years of secondary education.

18. Non-formal education and literacy programmes were extensive and successful in the former People's Democratic Republic of Yemen, but less so in the Yemen Arab Republic, where women comprised only 20 per cent of students. Non-formal education and literacy programmes are now expected to expand considerably following the establishment of the Literacy and Adult Education Organization.

PROGRAMME COOPERATION, 1987-1992

19. UNICEF cooperation in Yemen during the 1980s focused on child survival and development (CSD). Assistance was directed towards reducing infant and child mortality caused by vaccine-preventable diseases, diarrhoea and dehydration and malnutrition.

Health

20. Efforts to increase service accessibility, particularly at the peripheral level, continued as part of the expansion of the PHC network throughout the country. UNICEF and the United Nations Capital Development Fund (UNCDF) jointly supported the construction and equipping of 141 PHC units in 8 northern governorates. Ten PHC units in Shabwa Governorate in the south were constructed and equipped on a cost-sharing basis. Despite many delays in implementation, this large project was completed successfully in 1991.

21. Increased attention was directed towards accelerating and expanding national immunization services in Yemen. As part of this process, UNICEF programme assistance in the People's Democratic Republic of Yemen and the Yemen Arab Republic was directed towards achieving the goal of UCI by 1990. Although part of an overall child survival strategy, immunization dominated the country programmes during the latter years of the 1980s.

22. In 1987, both countries had one of the lowest immunization coverage rates in the world. Yet, by 1990 both had achieved UCI for all antigens except measles. The strategy adopted in the north was an acceleration at the governorate level, with commitment from leadership, while the south used national campaigns with strong social mobilization components (the use of radio and television and the involvement of local leaders in promoting immunization). The achievements were tempered, however, by the underdeveloped state of health services, unavailability of resources, low level of training among health workers and the lack of awareness of the population regarding the benefits of immunization. The sustainability of immunization was also affected by management problems caused by the merger of the two national expanded programmes on immunization (EPI).

23. Since 1987, UNICEF has assisted national efforts to reduce the high levels of child mortality and morbidity associated with diarrhoea and dehydration. The main strategies adopted were promotion of ORT, increased availability of ORS, improved case management through training and social mobilization. In 1989, UNICEF began supporting local production of ORS in the Yemen Drug Company in

Sana'a. Since the start of local production, over 4 million packets of ORS have been distributed through health services and commercial channels.

24. Improving national capacity has always been a key strategy in UNICEF health projects in Yemen. During the past programme period hundreds of health workers and PHC workers were trained through pre-service and in-service training courses.

25. The Department of Health Education of the Ministry of Health has been assisted in producing high-quality television and radio programmes in the fields of health and nutrition. Staff have been trained in all aspects of video production and editing for television.

Water supply and sanitation

26. UNICEF has been closely associated with the development of community water supply systems in Yemen for many years. In 1990, a joint UNICEF/UNCDF project to construct 48 community water supply projects for the benefit of a population of 180,000 in 8 governorates of the north was completed. A similar community-based water supply and sanitation project has been implemented in the southern governorates with the support of the Danish International Development Agency (DANIDA). By the end of 1991, 114 small-scale community water supply systems had been constructed benefiting approximately 100,000 persons.

Education

27. UNICEF advocacy has focused attention on the magnitude and severity of the problems of the education sector, particularly in relation to girls' education. With UNICEF support, two important studies of girls' education and one of multi-grade teaching were conducted. Girls from rural areas have been encouraged to attend teacher-training courses. UNICEF has provided kits of teaching and learning materials for 300 primary schools.

28. In the non-formal education sector, 24 episodes of a television programme for literacy training were produced with UNICEF technical assistance and support in the form of reimbursable procurement of production equipment. UNICEF cooperation with the Yemeni Women's Union has supported female education, skills development and income-generating projects. Support was provided in cooperation with the British Organization for Community Development for training literacy trainers, and UNICEF funded a national workshop to set guidelines for the content of a proposed literacy and non-formal education programme.

29. Over the three years prior to unification, UNICEF assistance helped to establish six multi-purpose mass education centres, trained more than 6,000 literacy teachers and provided 15 educational booklets based on Facts for Life as reading material for those who had just learned to read.

Social mobilization and advocacy

30. Advocacy efforts have been increasingly targeted to high-level government officials, parliamentarians, opinion leaders and non-governmental organizations (NGOs), using the opportunities presented by the Convention on the Rights of the Child, the World Conference on Education for All and the World Summit for

Children. These efforts have resulted in the ratification of the Convention on the Rights of the Child in 1990 and adoption of World Summit goals in the 1991 National Population Policy. UNICEF was featured in international television programmes highlighting the achievements of UCI, the challenges facing basic education and the effects of the Gulf crisis on the economy and on social services.

31. Programme communication has been an integral part of UNICEF programming since 1989 and was a major factor in raising immunization coverage and ORS usage substantially. UNICEF cooperation has resulted in a significant increase in child survival-related television and radio broadcasting, press coverage and production of printed communication and training materials. In coordination with other donors, UNICEF has contributed to increasing significantly national capacity for planning, developing and implementing communication strategies and projects.

32. Religious leaders, teachers, youth groups, scouts and girl guides, women's organizations, community leaders and NGOs are the building blocks of social mobilization in Yemen. The strategy has been to enlist groups and other "channels" for community mobilization by providing training in child health and survival. Cutting across sectoral lines, the strategy promotes cooperation and draws on the support of the various government ministries, the Environment Protection Council, other official bodies and many NGOs. Long-term sustainability of this approach is assured, as the strategy is managed and implemented by the Government.

Emergency operations

33. In addition to regular programme activities, UNICEF has provided assistance in support of various emergency operations in Yemen since 1987. The return of 800,000 Yemeni workers from neighbouring countries as a result of the Gulf crisis had overloaded the capacity of local relief services and placed an enormous burden on the Government. UNICEF provided a large quantity of drugs and basic medical supplies during the height of the crisis.

34. In mid-1991, UNICEF emergency assistance was provided for cholera control operations in the south of the country. UNICEF air-freighted a consignment of medical supplies into the country. As the outbreak spread to other areas, a national plan of action was formulated to control and restrict the spread of the disease. UNICEF provided reimbursable procurement services to the Government for a large consignment of drugs and medical supplies and supported the cost of air-freighting the consignment to Yemen.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

Recommended general resources: $12,500,000
Supplementary funding: $12,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	4 080	4 205	8 285
Basic education	2 180	1 790	3 970
Communication and social mobilization	2 340	660	3 000
Area-specific programme	3 070	4 715	7 785
Monitoring, planning and advocacy for children	830	630	1 460
Total	12 500	12 000	24 500

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme preparation

35. Prior to the unification of Yemen, the Executive Board approved programmes for two cycles: 1987-1991 for the Yemen Arab Republic, and 1990-1995 for the People's Democratic Republic of Yemen. With unification, it was decided to utilize the balance of funds available under these programmes for the implementation of annual plans of action through 1993. This measure also allowed a reasonable transition period for the reorganization of government structures and facilitated the preparation of a new, unified country programme.

36. The country programme was prepared in collaboration with the Ministry of Planning and Development and other partners during a 14-month period in 1991-1992. A comprehensive situation analysis of women and children was also prepared. In December 1991 a strategy meeting was held for senior officials of the Government, United Nations agencies, donors, NGOs and UNICEF to review past and future UNICEF assistance. The recommendations of the meeting set the direction and strategy for the new programme. A subsequent preview meeting was held in Sana'a in May 1992 to examine and endorse the programme structure and content.

National goals for women and children

37. The unified Government acknowledges the fact that children constitute a large and vulnerable section of the population with special needs. In order to address their needs, the Government has committed itself, by endorsing various international conventions and agreements, to assign priority attention to children's issues. This commitment has been underscored by the acceptance of the principle of a "first call for children". Within the framework of the World Summit for Children Declaration, the Government has prepared a comprehensive national population strategy which embodies goals and objectives for women and children.

National population strategy

38. Immediately following the signing of the World Summit for Children Declaration, the Government organized the first National Population Conference at which senior government officials, elected members of the Peoples' Congress and representatives of various national and international organizations assessed the very high rates of infant, child and maternal mortality and the country's alarming fertility rate. The Conference adopted 14 national goals and endorsed a comprehensive national population strategy and national programme of action (NPA) to the year 2000.

39. Although the national population strategy was developed to address the country's rapid population growth, it also presents a comprehensive framework for human development in the country for the next decade. The 14 national goals endorsed at the Conference reflect the priorities set at the World Summit for Children. The NPA represents a broad-based strategy which, if fully implemented, will have a significant impact on the well-being of children and women in Yemen during the next decade.

Programme goals and objectives

40. The proposed programme of cooperation aims to support the country to achieve the following goals and objectives within the framework of the national population strategy: (a) reduction of IMR by 36 per cent, from 110 to below 70 per 1,000 live births; (b) reduction of U5MR by 30 per cent, from 180 to below 125 per 1,000 live births; (c) reduction of MMR by 25 per cent; (d) doubling of the enrolment of girls in primary school; and (e) increasing parental knowledge of practical actions that can be taken at household and community levels to improve CSD.

Programme strategy

41. The overall programme strategy is based on the analysis of the situation of women and children and on past programme experience. Because of the very high child mortality rate, improving child survival nationwide will continue to be the primary aim of the programme.

42. Many of the problems faced by women in Yemen stem from the neglect of education, nutrition and health needs of the young girl. The girl child is particularly vulnerable and is not given the opportunity to grow and develop to her full potential. Girl children have a lower status and enjoy fewer rights,

opportunities and benefits than boys, both in the family and in the community. Lack of schooling, the burden of domestic work, early marriage and too many closely spaced pregnancies adversely affect the health and well-being of the young mother. The UNICEF programme will give special attention to reducing the glaring gender disparities that exist within the society, community and home.

43. The country programme will emphasize building national capacity and enhancing self-reliance in the development and implementation of child survival interventions. Support will be provided to strengthen the organizational capacity of ministries and departments involved in social services; to train national staff involved in the planning and delivery of child survival programmes; and to improve skills in the fields of logistics, accounting and finance. The country programme will, to the greatest extent possible, involve local institutions and universities in situation analyses and planning and evaluation of programme interventions at the national and governorate levels.

44. Administrative and financial systems have long been overly centralized, restricting programme development and implementation at the local level. With the unification of Yemen and the concentration of national administration in Sana'a, the situation has been exacerbated, further slowing the process of development. Acknowledging this, the Government has begun to decentralize certain functions to the governorate level. In harmony with this policy, the country programme will provide direct support for local-level planning and implementation of social services and with new approaches for accelerated implementation in certain specified areas of the country. This area-specific programme approach will be based on a detailed assessment of the situation and problems of children at the local level. Working with governorate officials and local communities, appropriate support will be provided to improve the efficiency and effectiveness of services for children and women.

Health and nutrition

45. The country programme consists of six national projects to improve MCH: immunization; control of diarrhoeal diseases (CDD); control of ARI; safe motherhood; nutrition and child care; and strengthening PHC service delivery.

46. The objectives of the immunization project are to: reduce the incidence of poliomyelitis by 50 per cent; reduce measles-related U5MR from 12 to 5 per cent; and eliminate neonatal tetanus by 1995. UNICEF support aims to increase and sustain immunization coverage. To achieve this, more attention will be given to developing the capacity of governorate officials to plan, monitor and implement immunization services. While strengthening the regular services, special emphasis will be given to organizing outreach services. UNICEF will continue to provide vaccines and other vaccination supplies. However, the Ministry of Public Health is committed to providing resources to procure vaccines through the Vaccine Independence Initiative. To achieve the elimination of neonatal tetanus by 1995, present tetanus toxoid coverage levels among pregnant women will be increased, and girls in schools and women of child-bearing age will be immunized. This new approach will be backed by extensive social mobilization.

47. The CDD project aims to reduce diarrhoea-associated U5MR by 30 per cent and to reduce the incidence of diarrhoea among children under five years of age by 10 per cent. UNICEF will support the development and implementation of a

comprehensive CDD policy. This policy will comprise oral rehydration and continued feeding at home, proper case management and prevention of diarrhoea, using all existing channels of communication. The training component will cater to mothers, volunteers from the community and health workers, particularly to service ORT corners in health delivery units. UNICEF will continue to support the local production and distribution of ORS and provide raw and packaging material on a reimbursable basis beginning in 1996.

48. The objectives in the control of ARI are to reduce ARI-associated U5MR by 25 per cent and annual ARI episodes per child from five to fewer than three. UNICEF will support the development and implementation of a national policy. In addition, UNICEF will support training in case management and the development of information, education and communication materials for health providers at the primary level, including mothers, on prevention, detection and management of respiratory infections. UNICEF will supply drugs for a designated number of first-level health facilities and assist the Ministry of Health and NGOs in the provision of similar supplies to other health facilities, through identification of funding sources and procurement on a reimbursable basis.

49. The safe motherhood project aims to: increase to 60 per cent the number of pregnant women receiving antenatal care in health facilities; increase from 30 to 80 per cent the proportion of families with knowledge of birth spacing; increase to 40 per cent the number of deliveries assisted by a trained attendant; and decrease by 50 per cent the prevalence of anaemia in pregnant women. These objectives will be achieved through the training of traditional midwives in rural areas, increased emphasis on safe motherhood in the training courses of all health workers and the general improvement of maternal health services in health centres. Drugs and medical equipment will be provided to rural health clinics and hospitals to improve obstetric health. Working in close coordination with the United Nations Population Fund (UNFPA) and local NGOs supplying contraceptives, UNICEF will provide information and communication support for the promotion of birth spacing. With the goal of reducing the total fertility rates to 6, the programme will support the training of health providers and physicians to communicate family planning information and to advise couples and mothers before, during and after pregnancy on the benefits of family planning. Flipcharts, audio cassettes and demonstration kits will be developed to assist health providers in communicating with potential clients.

50. Facts for Life messages relating to safe motherhood and family planning will be disseminated through radio and television programmes and through the print media. Radio programmes will be produced in regional centres to ensure local relevance. Religious and community leaders will be provided with a range of support materials, including posters and booklets.

51. In recognition of the high levels of child malnutrition in the country, the nutrition and child care project will give special attention to: increasing from 5 to 30 per cent the prevalence of exclusive breast-feeding up to 4 to 6 months of age; reducing the prevalence of iodine deficiency disorders and rickets among children under five years of age by 25 and 50 per cent, respectively; and improving the growth monitoring and promotion of young children. Communication strategies will be developed to highlight the positive benefits of breast-feeding on the health and growth of the infant. Special emphasis will be given to promoting breast-feeding in hospitals and maternity

units through the "baby-friendly" hospital initiative. Emphasis will be given to improving nutrition at the household level; appropriate strategies of control will be developed using vitamin and iodine supplements. Cooperation with immunization activities will be reinforced. Health workers will be trained to monitor the growth of infants and young children through appropriate means.

52. The objectives of the project for strengthening PHC service delivery are to assist in the formulation of a new health care policy and in developing and applying appropriate community financing schemes. To address weaknesses impeding the effectiveness and quality of services, support will be provided to strengthen management capacity in the central public health department of the Ministry of Health and in governorate health offices. Special attention will be given to supporting these critical requirements through training of PHC managers, preparation of national PHC guidelines, adoption of appropriate essential drugs lists, development of monitoring and management systems, organization of supervision schedules and improvement of standard training courses for PHC workers. Cost-recovery schemes based on the Bamako Initiative will be investigated as a means of providing a regular and sustainable supply of essential drugs to PHC units and health centres.

Basic education

53. The programme will comprise the following projects: primary education; women's literacy; and communication for learning. The overall strategy is to assist in overcoming the major factors impeding the education of girls and to create positive changes in individual, local and national attitudes towards girls' education and the status of women in society and national development. The activities will include training female teachers; supplying textbooks, primary school kits and two-class teaching materials; improving the learning environment of schools; introducing alternative shifts for girls; and providing female supervisors. The country's communication resources will focus on promoting girls' education and changing traditional attitudes. The outreach and effectiveness of the mass media will also be used as a tool to disseminate skills for life, with special emphasis on reaching out-of-school girls. Female literacy teachers will be trained and materials for newly literate persons will be produced. Small-scale, innovative, area-specific projects to make schools more attractive to communities will be established as a first step towards wider replication. A joint working structure will be established with the Government to streamline cooperation, particularly at the local level.

Communication and social mobilization

54. This programme consists of three projects: development of communication capacity; fostering environmental awareness; and circulating information among women and women's groups. It is designed to strengthen national and local capacities to plan and implement communication and mobilization strategies.

55. The first project, aimed at developing alternative channels for interpersonal communication, will mobilize resources for improving child survival, protection and development, using Facts for Life and other information. Radio and television programming will be improved and key partners will be identified and mobilized to advance programme goals across sectors.

56. The second project has an objective of making 50 per cent of families aware of environmental issues. It will study community perceptions of environmental problems and, by analysing them in relation to the health and well-being of the family and child, develop strategies for primary environmental care at the community level. By involving scouts and guides, children from the communities themselves will be encouraged to play a catalytic role. With the help of key partners, information, education and communication materials will be prepared and made available to schools, training institutes, universities, NGOs and, through radio, television and the press, to the public.

57. The third project aims to create a favourable environment for the growth and development of girls and women and for improving the status of women. It will complement and support the "communication for learning" project by helping women's groups to develop and implement appropriate communication strategies and produce materials and training packages. Studies on gender roles and biases will be conducted and women's groups and local informal women's associations will be identified as entry points for interpersonal communication of skills for life information and curricula.

Area-specific programme

58. Despite the impressive gains that have been achieved in social development in the country, considerable disparities continue to exist between and within governorates. In the previous programme cycle progress had been restricted by a slow and over-centralized decision-making process. The new country programme will assist the Government in its stated policy of decentralizing many of the programme planning and implementation functions directly to governorate authorities.

59. UNICEF will support efforts in four governorates to experiment with approaches to accelerate CSD. In a phased manner the programme will support community-based interventions in the fields of improved management and delivery of health care, basic education with a focus on the girl child and community water supply and sanitation. Working directly with local officials and communities, project managers will develop projects after conducting a detailed analysis of the local situation. These approaches for improving the situation of children will be tested and successful approaches will be shared and replicated in other governorates.

60. A major component of the programme will be the development of a community water supply and sanitation project in two governorates in the south of the country. This project will extend an existing DANIDA-supported project to construct an additional 100 water supply schemes in selected villages.

Monitoring, planning and advocacy for children

61. To assist the Government in monitoring progress towards achieving its national goals, UNICEF will support efforts to collect, analyse and publish social development data. As part of a monitoring, planning and advocacy programme, UNICEF will support two projects. The monitoring and planning project will support studies of child-related issues, the training of staff involved in collecting and interpreting social statistics and the effective presentation of data to policy makers and the public. The advocacy for children

project will focus on making children's concerns part of the public consciousness and of the political and policy-making arenas. By motivating local organizations and groups to speak out on child issues, a coalition of informed advocates for children will be established within five years. Using this strategy, the provision and expansion of services for children will be accelerated by public demand.

62. Monitoring progress and evaluating achievements versus objectives will be an important component of all programme interventions. Monitoring and evaluation will take place through routine reporting systems, feedback from outreach workers, regular limited-scale rapid appraisals and occasional national surveys. It will be based on a list of major indicators for each programme area developed by UNICEF and its counterparts. Annual programme reviews will be conducted during the last quarter of each calendar year under the coordination of the Ministry of Planning and Development and with the participation, as and where appropriate, of United Nations agencies and other concerned parties. These reviews will form the basis of annual formulation of, and resource allocation for, the project plans of action. Prior to the programme mid-term review scheduled for mid-1996, three major evaluations will be undertaken in 1995: one combining disaggregated assessments of infant mortality, EPI, CDD and ARI rates and efficacy of health service delivery; one on learning achievement in schools; and one on progress in acquisition by the family of essential knowledge for living, assessed against specific indicators. In addition, evaluations will be made of area-based interventions to gauge results and determine if the projects will be widely replicated. Experience in programme management and project implementation will also be evaluated as part of the mid-term review. The situation analysis of children and women will be updated regularly and will provide a further basis for the mid-term and annual reviews of the country programme.

Cooperation with other agencies

63. Yemen was among those countries selected for cooperation with the Joint Consultative Group on Policy. Close collaboration between the United Nations Development Programme (UNDP) and UNICEF culminated in a round-table conference on Yemen in Geneva in mid-1992. Preparations for the national population policy put in practice the joint efforts of United Nations agencies. The UNICEF country programme has been developed in close cooperation with other United Nations agencies working in Yemen, including UNDP, WHO, UNFPA, the Food and Agriculture Organization of the United Nations and the World Food Programme. Consultations have been held with the World Bank, particularly in the fields of health and girls' basic education. Various bilateral agencies and at least 10 international and national NGOs will be associated with programme implementation.

Programme management

64. A detailed analysis of the human and financial resources required to implement the programme was conducted within the context of the country programme management plan. The new programme will be implemented through the

UNICEF country office in Sana'a and the project sub-office in Aden. Programme management will be based on existing staffing structures in the two offices. However, with social mobilization and communication as essential components of all programmes, the communication section will be strengthened in 1994 with the addition of one national Professional officer.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Yemen	(1991 and earlier years)		UNICEF country classification
Under-five mortality rate	182	(1991)	Very high U5MR
Infant mortality rate	110	(1991)	High IMR
GNP per capita	$ 540	(1991)	Lower-middle GNP
Total population	12.1 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	338	442	587	600
Infant deaths (under 1)	(Thousands)	60	63	66	66
Under-five deaths	(Thousands)	99	104	110	110
Under-five mortality rate (per 1,000 live births)		293	236	187	182
Infant mortality rate (under 1) (per 1,000 live births)		177	142	113	110

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1979-1983/1991-1992)	Moderate & severe	53	30
	Severe	..	4
Babies with low birth weight (%, 1990)		..	19
% of primary school children reaching final grade, 1988)		..	53

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1979-1985)	74 /66/ 34	.. / .. / ..
Prevalence of wasting (%, 1979-1983/1991-1992)	15	17
Prevalence of stunting (%, 1991-1992)	..	8
Daily per capita calorie supply (% of requirements, 1984-1986)	..	92
Food production per capita index (Index 1979-1980=100, 1991)	..	79
Household expenditure (% of total income) All food/cereals		.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			7
Access to health services	Total	..	38
(% of population, 1985)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	..	38
(% of population, 1990)	Urban/rural	.. / ..	56 / 30
Access to adequate sanitation	Total	..	51
(% of population, 1990)	Urban/rural	.. / ..	37 / 64
Births attended by trained personnel (%, 1988)		..	12
Maternal mortality rate (per 100,000 live births)		..	..

Immunization		1981	1985	1989	1991
One-year-olds (%) immunized against:	Tuberculosis	14	..	71	..
	DPT	21	..	53	..
	Polio	21	..	53	..
	Measles	33	..	45	..
Pregnant women (%) immunized against:	Tetanus	..	..	8	..

TABLE 1 (continued)

Yemen

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	55 / ..	87 / ..
	Male	85 / ..	132 / ..
	Female	24 / ..	39 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	11 / ..	25 / ..
	Male	16 / ..	42 / ..
	Female	6 / ..	7 / ..
Adult literacy rate, 15 years & older (%, 1970/1991)	Total	9	33*
	Male/female	14 / 3	54*/ 15*
Radio/television sets (per 1,000 population, 1980/1989)		28 / 5	59 / 27

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Thousands)	6332	8219	11684	12104	16424
Population aged 0-15 years	(Thousands)	2909	4378	6077	6297	8316
Population aged 0-4 years	(Thousands)	1159	1658	2390	2453	3045
Urban population (% of total)		13	20	29	30	38
Life expectancy at birth (years)	Total	41	46	51	52	57
	Male	41	46	51	52	56
	Female	42	47	52	52	57
Total fertility rate		7.8	7.7	7.4	7.3	6.4
Crude birth rate (per 1,000 population)		53	53	50	49	44
Crude death rate (per 1,000 population)		23	19	15	15	11

		About 1980	Most recent
Contraceptive prevalence rate (%)		..	..
Population annual growth rate (%, 1965-1980/1980-1991)	Total	2.3	3.5
	Urban	6.4	7.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%)		..	..
Inflation rate (%)		..	..
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure)	Health/education	.. / ..	.. / ..
	Defence	..	..
Household expenditure (% of total income)	Health/education	.. / ..	.. / ..
Official development assistance: (1980/1991)	$US millions	572	540
	As % of GNP	13	8
Debt service (% of goods and services exports, 1990)		..	17 a/

a/ Indicates data that differ from the standard definition, or refer to only part of a country.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1993 a/

COUNTRY: YEMEN
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $9,180,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	3969	587	435		1306	258	879	31	6589	7225	876	2003	7465	9228
Water supply and sanitation		1199		1	167	230	24	88	191		1518	4800	1709	4800
Education	506	60	90	15	203		203	2	1002	1000	77	818	1079	1818
Social mobilization and advocacy	22						1	72	23		72		95	
Planning and social statistics	115		27		3		105		250	255			250	
Emergency	196	70		10		8		49	196	196	137		333	
GRAND TOTAL	4808	1916	552	26	1679	496	1212	242	8251	8676 b/	2680	7621	10931	15846

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as of 17 December 1992.
b/ Including $196,000 from the Emergency Reserve Fund.

/...

TABLE 3. PLANNED EXPENDITURE, 1994 – 1998

(In thousands of United States dollars)

Country: YEMEN **Period covered: 1994 – 1998**	**Funding status**	**1994**	**1995**	**1996**	**1997**	**1998**	**Total**
Health and nutrition	GR	945	945	695	750	745	4080
	NSF	1047	995	810	719	634	4205
Basic education	GR	545	315	485	400	435	2180
	NSF	453	294	366	301	376	1790
Communication and social mobilization	GR	420	450	470	490	510	2340
	NSF	90	110	130	150	180	660
Monitoring, planning and advocacy	GR	110	200	200	160	160	830
	NSF	90	120	120	160	140	630
Area-specific CSD programme	GR	480	590	650	700	650	3070
	NSF	720	881	974	1070	1070	4715
TOTAL	GR	2500	2500	2500	2500	2500	12500
	NSF	2400	2400	2400	2400	2400	12000
GRAND TOTAL		4900	4900	4900	4900	4900	24500

GR = General resources.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

YEMEN

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET 1994–1998 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health and nutrition	4080			4080				1		1	2		1	3	1274	100	1374
Basic education	2180			2180								1	1	2		324	324
Communication and social mobilization	2340			2340				1			1	1	2	4	637	424	1061
Monitoring, planning and advocacy	830			830													
Area-specific CSD programme	3070			3070				1			1	1	2	4	637	424	1061
Programme support d/												1	5	6		770	770
TOTAL GR	12500			12500				3		1	4	4	11	19	2548	1992	4540
SUPPLEMENTARY FUNDING																	
Health and nutrition			4205	4205													
Basic education			1790	1790													
Communication and social mobilization			660	660													
Monitoring, planning and advocacy			630	630													
Area-specific CSD programme			4715	4715													
TOTAL SF			12000	12000													
TOTAL GR & SF				24500				3		1	4	4	11	19	2548	1992	4540
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed 1994–1995)	Operating costs			397													
	Staffing b/						1	1	1		3	1	10	14	797	681	1478
GRAND TOTAL (GR + SF + ADM)							1	4	1	1	7	5	21	33			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1990)										13	5	24	42	N/A	N/A	N/A
	– At the beginning of proposed programme (1994)										7	5	21	33	N/A	N/A	N/A
	– At the end of proposed programme (1998) (Indicative only)														N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

d/ Spread over various sectors.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.